

TO : PHONE NO. : 8017278236781
 FROM : M.A. Al-Kharafi & Sons W.L.L., Factories Division

Aug-18-99 04:40pm From-NBK NEW YORK BRANCH
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



BY STATE
 OF FLORIDA

DOCUMENT # P94000036021

1. Corporation Name
HAYA, INC.

Principal Place of Business: C/O NATIONAL BANK OF KUWAIT SAK, NY BRANCH 298 PARK AVENUE NEW YORK NY 10171
 Mailing Address: C/O NATIONAL BANK OF KUWAIT SAK, NY BRANCH 298 PARK AVENUE NEW YORK NY 10171



DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: **05/12/1994**

4. FEI Number: **58-2114845** Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Estate Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fee

7. This corporation owes the current year's intangible Personal Property Tax: Yes No

8. Name and Address of Current Registered Agent:
**ROBERGE, THOMAS C CPA
 ONE BEACH DR. SE
 SUITE 220
 ST. PETERSBURG FL 33701**

9. Name and Address of New Registered Agent:

11. Pursuant to the provisions of Sections 807.0802 and 807.1808, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 807.0505, Florida Statutes.

SIGNATURE *[Signature]* **OFFICERS AND DIRECTORS**

12. TITLE	13. NAME	14. STREET ADDRESS	15. CITY, ST., ZIP	16. TITLE	17. NAME	18. STREET ADDRESS	19. CITY, ST., ZIP
<input type="checkbox"/> DELETE	D AL-BADER, HAYA	P.O. BOX 886, SAFAT N/A	13000, KUWAIT	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADD			
<input type="checkbox"/> DELETE	P KHARAFI, FAWZI M	P.O. BOX 886, SAFAT (N/A)	13000 KUWAIT	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADD			
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(X), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered or trustee empowered to prepare this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address, with all other fee empowers.

SIGNATURE *[Signature]* **HAYA AL-BADER** 4-3-99 727 822 4253