

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 499426

1. Corporation Name

HDS CONSTRUCTION COMPANY

Principal Place of Business

2151 LEJEUNE RD
STE 202
CORAL GABLES FL 33134
US

Mailing Address

2151 LEJEUNE RD
STE 202
CORAL GABLES FL 33134
US

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90029 035 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1976

4. FEI Number

59-1659595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 **P.O. Box 43-1021**

Suite, Apt. #, etc.

27 City & State

28 **SOUTH MIAMI, FLORIDA**

Zip

Country

29 **33243-1021**

30

U.S.

9. Name and Address of Current Registered Agent

HERNANDEZ, RODOLFO, JR
2151 LEJEUNE RD
STE 202
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
HERNANDEZ, RODOLFO JR
STREET ADDRESS **2121 PONCE DE LEON #1050**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE

NAME **SD**
HERNANDEZ, IRENE
STREET ADDRESS **2121 PONCE DE LEON #1050**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE

NAME **VD**
CASSEL, MARWIN S
STREET ADDRESS **175 NW 1ST AVE #2000**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE:

RODOLFO HERNANDEZ JR
SIGNATURE OF REGISTERED AGENT
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 25, 1999
Date

(305) 447-3993
Daytime Phone #

CR2E034 (11/98)