

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morsham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 8:36

DOCUMENT # L28352 (7) 1. Corporation Name HIDALGO CONSTRUCTION COMPANY
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Principal Place of Business 5730 SW 49TH ST. MIAMI FL 33155	Mailing Address 5730 SW 49TH ST. MIAMI FL 33155
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/08/1989		3a. Date of Last Report 05/01/1994	
2. Principal Place of Business 21 1825 DeSoto Blvd Suite, Apt. #, etc.		2a. Mailing Address 26 1825 DeSoto Blvd. Suite, Apt. #, etc.	
22 City & State CORAL GABLES, FL Zip 33134 Country		27 City & State CORAL GABLES, FL Zip 33134 Country	
4. FEI Number 65-0158054		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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent DE LA OSA, CARLOS 4960 SW 72ND AVENUE SUITE 403 MIAMI FL 33155		10. Name and Address of New Registered Agent 81 Name De la Osa, Carlos 82 Street Address (P.O. Box Numbers Not Acceptable) 10680 SW 113 pl. #101 83 84 City MIAMI FL 85 Zip Code 33176	
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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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	1.1 TITLE	PVS ☒ Change ☐ Addition
NAME	HIDALGO, OSCAR	1.2 NAME	HIDALGO, OSCAR
STREET ADDRESS	5730 SW 49TH STREET	1.3 STREET ADDRESS	1825 DeSoto Blvd.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134 ☒ Change ☐ Addition
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	HIDALGO, OSCAR	2.2 NAME	HIDALGO, OSCAR
STREET ADDRESS	5730 SW 49TH STREET	2.3 STREET ADDRESS	1825 DeSoto Blvd.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134 ☐ Change ☐ Addition
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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; and that I am authorized for the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE: OSCAR HIDALGO, pres. 27 Jan 95 (205) 567-0060