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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000089533 (9)

JC HURTADO CONSTRUCTION CORP

Principal Place of Business Mailing Address 11601 NE 11 PL. 11801 NE 11 PL. MIAMI FL 33161-6725 MIAMI FL 33161 3. Date Incorporated or Qualified Sa. Date of Last Report 10/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 Surfe. Apt. #. etc. Suite, Ant. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, 25 Florida Statutes Yes No 29 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HURTADO, JUAN C 11601 NE 11 PL 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33161** 83 City 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, typed or ponted name of registered agent and title if applicable (NOTE: Registered Agent algosture required when reinstating) OFFICERS AND DIRECTORS 12 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) JURIN CONTOS HURTADO Change Addition TOLE 1.1 TITLE CR2E034 NAME 1.2 NAME STREET ADORESS 1.3 STREET ADDRESS MINE FT JAILER 1.4 CITY-ST-ZIP CHY-S1 2ift DELETE Change Addition THE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST-2IP City-St-ZiP tilit DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS COLY - ST - ZIP 3.4, CITY-ST-ZIP DELETE Change Addition A.PTITLE THUE 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY-51-201 DELETE Addition 5.1 TITLE Change Tallif 5.2 NAME NAME **5.8 STREET ADDRESS** STREET ADDRESS C:1Y - S1 - ZIP 5.4 CITY - ST - ZIP 300002160403<sup>ange</sup> -04/30/97--01038--044 DELETE THUE 61 TITLE NAME 62 NAME **6.3 STREET ADDRESS** STREET ADORESS \*\*\*165.00 6.4 CITY-ST-ZIP CITY-ST-7 P

14. I do hereby certify that the information supplied with this filing acts 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 received russ de empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

305 895-1719

**FILED** 

Apr 28 1997 8:00am

Secretary of State