

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

|                                               |                                                                                   |                                                                                                           |
|-----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>CORPORATION<br/>ANNUAL REPORT<br/>1995</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Morsham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JAN 31 AM 8:36

**DOCUMENT # L28352 (7)**

1. Corporation Name  
**HIDALGO CONSTRUCTION COMPANY**

|                                                                           |                                                               |
|---------------------------------------------------------------------------|---------------------------------------------------------------|
| Principal Place of Business<br><b>5730 SW 49TH ST.<br/>MIAMI FL 33155</b> | Mailing Address<br><b>5730 SW 49TH ST.<br/>MIAMI FL 33155</b> |
|---------------------------------------------------------------------------|---------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                             |                                                                           |                                                                                    |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------|
| 3. Date Incorporated or Qualified<br><b>11/08/1989</b>                                                                                                      |                                                                           | 3a. Date of Last Report<br><b>05/01/1994</b>                                       |                                |
| 2. Principal Place of Business<br>21 <b>1825 DeSoto Blvd</b><br>Suite, Apt. #, etc.                                                                         | 2a. Mailing Address<br>26 <b>1825 DeSoto Blvd.</b><br>Suite, Apt. #, etc. | 4. FEI Number<br><b>65-0158054</b>                                                 | Applied For<br>Not Applicable  |
| 22                                                                                                                                                          | 27                                                                        | 5. Certificate of Status Desired <input type="checkbox"/>                          | \$8.75 Additional Fee Required |
| 23 <b>CORAL GABLES, FL</b><br>City & State                                                                                                                  | 28 <b>CORAL GABLES, FL</b><br>City & State                                | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees    |
| 24 <b>33134</b><br>Zip                                                                                                                                      | 25<br>Country                                                             | 29 <b>33134</b><br>Zip                                                             | 30<br>Country                  |
| 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                           |                                                                                    |                                |

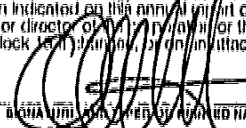
|                                                                                                                                      |  |                                                                                                                                                                                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br><b>DE LA OSA, CARLOS<br/>4960 SW 72ND AVENUE<br/>SUITE 403<br/>MIAMI FL 33155</b> |  | 10. Name and Address of New Registered Agent<br>81 Name <b>De la Osa, Carlos</b><br>82 Street Address (P.O. Box Numbers Not Acceptable) <b>10680 SW 113 pl. #101</b><br>83<br>84 City <b>MIAMI</b> FL 85 Zip Code <b>33176</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

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 reinstating) DATE \_\_\_\_\_

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

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 607, 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