

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 646213 (9)

1. Corporation Name
HAWCO PROPERTIES, INC.

Principal Place of Business

Mailing Address

3493 NW 167 ST
MIAMI FL 33056
US

3493 NW 167 ST
MIAMI FL 33056-4118
US



2. Principal Place of Business	3. Date Incorporated or Qualified	3a. Date of Last Report
21 1600 S.E. 17th St.	11/27/1979	03/01/1996

22 Suite, Apt. #, etc.	26 1600 S.E. 17th St. #308	4. FEI Number	Applied For
22 #308	26 Suite, Apt. #, etc.	59-1992410	Not Applicable

23 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Fort Lauderdale FL	27 Fort Lauderdale FL	<input type="checkbox"/>	

24 Zip	25 Country	28 Zip	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
24 33316	25 USA	28 33316	29 USA	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEISZ, MICHEL OCIAOVSKI 3250 MARY STREET-SUITE 303 MIAMI FL 33133	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULLIFER, RICHARD H	1.2 NAME	
STREET ADDRESS	4270 SW 54TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVE FL 33314	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 or both, on an attachment with an address.

SIGNATURE _____

CR2E034 (9/96)