

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 697378 (8)

1. Corporation Name  
**HILL CONSTRUCTION CORPORATION**



Principal Place of Business: 18460 S.W. 82ND AVENUE MIAMI FL 33157  
Mailing Address: 18460 S.W. 82ND AVENUE MIAMI FL 33157

3. Date Incorporated or Qualified: 06/03/1981  
3a. Date of Last Report: 07/07/1995  
4. FEI Number: 59-2118288 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

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. Suite, Apt. #, etc.: 27  
23. City & State: 28  
24. Zip: 25 Country: 29 Zip: 30 Country: 30

9. Name and Address of Current Registered Agent

CHOOS, S. SCOTT, ESQ.  
1007 CARABBEAN BLVD  
STE 314  
MIAMI FL 33189

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 types for principal place of registered agent and the applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |                 |                                 |
|----------------------------|-----------------|---------------------------------|
| TITLE                      | PD              | <input type="checkbox"/> DELETE |
| NAME                       | HILL, WALTER    |                                 |
| STREET ADDRESS             | 10891 SW 156 ST |                                 |
| CITY-ST-ZIP                | MIAMI FL        |                                 |
| TITLE                      | SD              | <input type="checkbox"/> DELETE |
| NAME                       | HILL, EARTHA L. |                                 |
| STREET ADDRESS             | 10891 SW 156 ST |                                 |
| CITY-ST-ZIP                | MIAMI FL        |                                 |
| TITLE                      |                 | <input type="checkbox"/> DELETE |
| NAME                       |                 |                                 |
| STREET ADDRESS             |                 |                                 |
| CITY-ST-ZIP                |                 |                                 |
| TITLE                      |                 | <input type="checkbox"/> DELETE |
| NAME                       |                 |                                 |
| STREET ADDRESS             |                 |                                 |
| CITY-ST-ZIP                |                 |                                 |
| TITLE                      |                 | <input type="checkbox"/> DELETE |
| NAME                       |                 |                                 |
| STREET ADDRESS             |                 |                                 |
| CITY-ST-ZIP                |                 |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |   |
|---|--|---|
| 1.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |  |   |
| 1.3 STREET ADDRESS                                    |  |   |
| 1.4 CITY-ST-ZIP                                       |  |   |
| 2.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |  |   |
| 2.3 STREET ADDRESS                                    |  |   |
| 2.4 CITY-ST-ZIP                                       |  |   |
| 3.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |  |   |
| 3.3 STREET ADDRESS                                    |  |   |
| 3.4 CITY-ST-ZIP                                       |  |   |
| 4.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |  |   |
| 4.3 STREET ADDRESS                                    |  |   |
| 4.4 CITY-ST-ZIP                                       |  |   |
| 5.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |  |   |
| 5.3 STREET ADDRESS                                    |  |   |
| 5.4 CITY-ST-ZIP                                       |  |   |
| 6.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |  |   |
| 6.3 STREET ADDRESS                                    |  |   |
| 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 119.07(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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Walter Hill* WALTER HILL, PRESIDENT 6/14/96 305-835-8510  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)