

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**FILED**
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:35

DOCUMENT # G36212**(0)**

1. Corporation Name

H. A. CONTRACTING CORP.

Principal Place of Business

9500 N. W. 12TH STREET
P. O. BOX 145240
MIAMI FL 33172

Mailing Address

9500 N. W. 12TH STREET
P. O. BOX 145240
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/28/1983

3a. Date of Last Report

07/06/1994

4. FBI Number

59-2283147

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANGELO, HENRY III
9500 N. W. 12TH STREET
33172 FL 33186

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

ANGELO, HENRY, III

STREET ADDRESS

9889 S.W. 110TH STREET

CITY-ST-ZIP

MIAMI FL 33178

1.1 TITLE

☐ Change☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

VPS

NAME

ANGELO, NICHOLAS

STREET ADDRESS

5703 CASTLEGATE AVE.

CITY-ST-ZIP

DAVE, S FL 33331

2.1 TITLE

☐ Change☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

Y

NAME

PAKULA, JOSEPH K.

STREET ADDRESS

475 NE 33 STREET

CITY-ST-ZIP

BOCA RATON FL

3.1 TITLE

☐ Change☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

☐ Change☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

☐ Change☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

☐ Change☐ 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 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 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 if changed, or on an attachment to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

1/19/95

Date

205 591-9210

Telephone Number