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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Feb 06 1996 8:00 am
Secretary of State

DOCUMENT # **K13117** **(2)**

1. Corporation Name

HANSWARD MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
2525 S.W. 27TH AVE SUITE 100 MIAMI FL 33133	2525 S.W. 27TH AVE SUITE 100 MIAMI FL 33133

2. Principal Place of Business	2a. Mailing Address
21 2620 SW 27th Ave.	26 2620 SW 27th Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami FL 33133	28 City & State: Miami FL 33133
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: 01/28/1988	3a. Date of Last Report: 02/03/1995
4. FEI Number: 65-0026888	☐ 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	

9. Name and Address of Current Registered Agent

DUNCAN, ROSARIO P.
2525 S.W. 27TH AVE
SUITE 100
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: Rosario P. Duncan, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 2600 Douglas Rd.
83 Suite #410
84 City: Coral Gables FL 85 Zip Code: 33134

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MENENDEZ, ROSA 2525 SW 27TH AVE, STE 100 MIAMI FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD MENENDEZ, ROSA M. 2620 S.W. 27th Ave. Miami, FL 33133 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD VELAZQUEZ, MARIA I. 2525 SW 27TH AVE., STE. 100 MIAMI FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	STD VELASQUEZ, MARIA I. 2600 Douglas Rd. #410 Coral Gables FL 33134 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIERRA, ANTONIO M 2620 SW 27TH AVENUE MIAMI FL ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rosa M Menendez **ROSA M. MENENDEZ** **1/24/96** **(305) 443-2898**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #