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FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # K13117 (2)

1. Corporation Name
HANSWARD MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
2620 S.W. 27TH AVE. MIAMI FL 33133 US	2620 S.W. 27TH AVE. MIAMI FL 33133 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1988

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2600 Douglas Road	26 2600 Douglas Road
Suite, Apt. #, etc. 22 Suite #410	Suite, Apt. #, etc 27 Suite #410
City & State 23 Coral Gables, FL	City & State 28 Coral Gables, FL
Zip / Country 24 33146 / 25 USA	Zip / Country 29 33146 / 30 USA

9. Name and Address of Current Registered Agent

DUNCAN, ROSARIO P.
2600 DOUGLAS RD.
SUITE 410
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 1320 S. Dixie Highway

83 Sixth Floor

84 City: Coral Gables, FL 85 Zip Code: 33146

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	SIERRA, ANTHONY F.		1.2 NAME	SIERRA, ANTHONY F.	
STREET ADDRESS	2620 S.W. 27TH AVE.		1.3 STREET ADDRESS	1320 S. Dixie Hwy., Sixth Floor	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	ST D	☐ DELETE	2.1 TITLE	DS	☒ Change ☐ Addition
NAME	DUNCAN, ROSARIO P.		2.2 NAME	DUNCAN, ROSARIO P.	
STREET ADDRESS	2600 DOUGLAS RD. - STE 410		2.3 STREET ADDRESS	1320 S. Dixie Hwy., Sixth Floor	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	DV	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	SIERRA, ANTONIO M		3.2 NAME	SIERRA, ANTONIO M.	
STREET ADDRESS	2620 SW 27TH AVENUE		3.3 STREET ADDRESS	1320 S. Dixie Hwy., Sixth Floor	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE		☐ DELETE	4.1 TITLE	DP	☐ Change ☒ Addition
NAME			4.2 NAME	MENENDEZ, ROSA M.	
STREET ADDRESS			4.3 STREET ADDRESS	2600 Douglas Road, Suite #410	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		☐ DELETE	5.1 TITLE	DV	☐ Change ☒ Addition
NAME			5.2 NAME	DE ARMAS, ELOY	
STREET ADDRESS			5.3 STREET ADDRESS	1320 S. Dixie Hwy., Sixth Floor	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE		☐ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME			6.2 NAME	ARIAS, RAFAEL	
STREET ADDRESS			6.3 STREET ADDRESS	2600 Douglas Road, Suite #410	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Coral Gables, FL 33146	

CR2E034 (10/97)

14. I 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 if changed, or on an attachment with an address

SIGNATURE: _____