

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

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
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DOCUMENT # K13117 (2)

1. Corporation Name

HANSWARD MANAGEMENT SERVICES, INC.

Principal Place of Business

2620 S.W. 27TH AVE.
MIAMI FL 33133
US

Mailing Address

2620 S.W. 27TH AVE.
MIAMI FL 33133
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2600 Douglas Road	26	2600 Douglas Road	01/28/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	Suite #410	27	Suite #410	65-0026888	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Coral Gables, FL	28	Coral Gables, FL	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	33146	29	33146	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
25	USA	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)
83	1320 S. Dixie Highway
84	Sixth Floor
85	City
86	Coral Gables, FL
87	Zip Code
88	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

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

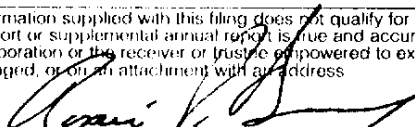
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VD
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	2.1 TITLE	DS
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	3.1 TITLE	D
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		4.1 TITLE	DP
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		5.1 TITLE	DV
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		6.1 TITLE	V
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

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:



CR2E034 (10/97)