FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

Non Profit Corporation ANNUAL REPORT **1997**

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

FILED
97 MAY -7 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001413

1. Corporation Name

HERITAGE STRUCTURES CONSORTIUM OF YBOR CITY, INC.

Principal Place of Business	Mailing Address
1913 NORTH NEVRASKA AVE. TAMPA FL 33605	1913 NORTH NEVRASKA AVE. TAMPA FL 33602-2525

3. Date Incorporated or Qualified: 08/12/1996 | 3a. Date of Last Report:

2. Principal Place of Business — 21 | 2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 | Suite, Apt. #, etc. — 27

City & State — 23 | City & State — 28

Zip — 24 | Country — 25 | Zip — 29 | Country — 30

4. FEI Number: ☐ 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

MARTINO, THOMAS S ESQ.
2112 N. 15TH STREET, SUITE 150
TAMPA FL 33605

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

100002169971--4
-05/07/97--01089--025
*****70.00 *****70.00

83 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 _____ 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	D - V. P.	☐ DELETE	1.1 TITLE	D,VP	☐ Change ☒ Addition
NAME	PEREZ, ANGELO		1.2 NAME	Acosta, Del	
STREET ADDRESS	1109 W. WATERS AVE.		1.3 STREET ADDRESS	488 Itasca Ave.	
CITY-ST-ZIP	TAMPA FL 33606		1.4 CITY-ST-ZIP	Tampa, Fl. 33606	
TITLE	D	☐ DELETE	2.1 TITLE	D,VP	☐ Change ☒ Addition
NAME	RODRIGUEZ, EVELYN C		2.2 NAME	Pardo, Vince	
STREET ADDRESS	650 RIVIERA DRIVE		2.3 STREET ADDRESS	601 E. Kennedy Blvd. 28th floor	
CITY-ST-ZIP	TAMPA FL 33606		2.4 CITY-ST-ZIP	Tampa, Fl. 33602	
TITLE	D	☐ DELETE	3.1 TITLE	D,VP	☐ Change ☒ Addition
NAME	GARCIA, ELVIRA T		3.2 NAME	Noriega, Fernando	
STREET ADDRESS	4805 MENDENHALL DRIVE		3.3 STREET ADDRESS	306 E. Jackson	
CITY-ST-ZIP	TAMPA FL 33603		3.4 CITY-ST-ZIP	Tampa, Fl. 33602	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CAMMARATA, DON		4.2 NAME		
STREET ADDRESS	3414 14 STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33605		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PEREZ, CRISTINO L		5.2 NAME		
STREET ADDRESS	1109 W. WATERS AVE., SUITE A		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33604		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GRIMALDI, RAY		6.2 NAME		
STREET ADDRESS	52 MARTINIQUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33606		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: _____ Angelo Perez April 30, 1997 (813) 264-1720