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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

appears in Block 12 or



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400003637 (3)

HC & D CONTRACTORS, INC.

29320 SW 205 MIAMI FL 33030		29320 SW 205 AVE MIAMI FL 33030-7868			
				 Date Incorporated or Qualified 01/14/1994 	3a. Date of Last Report 05/01/1996
2. Principal Pt	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0464705	Not Applicable
Suite, Aptii 22		Suite, Apt. #, etc.	·····	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zipi	Country	Zφ	Country	8. This corporation has liability for in	
24	25	29	30		Yes No
	9. Name and Address of Co	irrent Registered Agent	=======================================	10. Name and Address of New Re	jistered Agent
Bari	ed, pablo r		81 Name		
3191 CORAL WAY			82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
3RD FLOOR					
MAN	AI FL 33145		83		1
			84 City		85 Zip Code
			04 049		FL S E COSC
office or re	egistered agent, or both, in the t		authorized by the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	
SIGNATURE	70	(4)0	If Decision of American Inc.	dead when released in a l	DATE
12,	Signable, Typed or printed name of register OFFICERS	S AND DIRECTORS	TE: Registered Agent signature requested. 13.	ADDITIONS/CHANGES TO OFFIC	
TIME	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	CORDERO, NELSY		1.2 NAME		
	29320 SW 205 AVE				
STREET ADDRESS			1.3 STREET ADDRESS		
CHT-SS-ZIP	MIAMI FL 33030	DELETE	1.4 CITY-ST-ZIP		Change Addition
THILE		C) percu	21 TITLE		C change C Audinos
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	+ 4	
CiTY - SI - ZIP		Des Eve	2. 4 CITY - ST - ZIP		LOS LOS DE LOS DISTORES
TITLE		L] DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHIY - \$1 - ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY+ST-ZiP	and the second s		4.4 CITY-ST-ZIP		
Tri.E		DELETE	5.1 TITLE		Change Addition
NAME		•	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
017Y S1-7F1			5.4 CITY - ST - ZIP		
TIBLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZP			64 City-SY-ZIP		
14 Lide herek	ly certify that the information su	oplied with this filing does not qua	lify for the evenntion state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that the
informatio Lam an of	n indicated on this annual repoi fliger or director of the corporati	t or supplemental annual report is on or the receiver or trustee empor	true and accurate and the wered to execute this rep	at my signature shall have the same lega ort as required by Chapter 607, Florida S	i effect as it made under path; that tatules; and that my name