FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami Secretary of State

1996 DIVISION OF CORPORATIONS

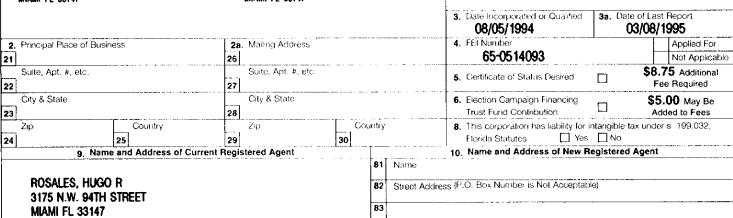
P94000058231 (9) DOCUMENT # 1, Corporation Name

H R M CONSTRUCTION CORP.

Principal Place of Business Maring Address

3175 N.W. 94TH STREET MIAMI FL 33147

3175 N.W. 94TH STREET **MIAMI FL 33147**



Zip Code 84 85 City 11. Pursuant to the provisions of Sections 607.05:02 and 607.15:08, 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. Thereby accept the appointment as registered agent. I am

familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE _	Supatural speed or protect name of superess agent and to	reagonario de d	E. Registerial Agent signature terpiliset	કો તે, વિકાસીઇ મ ુ	C-43E	
12.	OFFICERS AND DIRECTORS		13.	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		RS IN 12
TITLE	PTD	DELETE	1 : TIPLE		☐ Change	☐ Addition
NAME	ROSALES, HUGO R		1.2 NAME			
STREET ADDRESS	3175 N.W. 94TH STREET		1.9 STREET ADDRESS			
CITY+SI+ZIP	MIAMI FL 33147		1.4 CITY - \$1 - ZIP			
TITLE	VSD	DELETE	2 1 TITLE		☐ Change	☐ Addition
NAME	ROSALES, MIRIAM Y		2.2 NAME			
STREET ADDRESS	3175 N.W. 94TH STREET		2.3 STREET ADDRESS			
C+TY - ST - ZIP	MIAMI FL 33147		2 4 CHIY - SI - ZIF			
THLE		DELFTE	3 1 TIFLE		Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3.4 C-TY ST ZIP			
TITLE		DELETE.	4 1 TillE		Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - S* - ZIP			
TITLE		☐ DELET€	5 1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
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C(TY - ST - ZIP			5.4 CITY - ST - ZIP		. ,	
TITLE		☐ DETELE	6 1 TIFLE		☐ Change	Addition
NAME			6 2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
C+TY - ST - ZIP			6.4 City St. ZIP			

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 13 if changed, exert an attachment with an address

SIGNATURE: Y

OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR OFFICER OR DIRECTOR

CR2E034 (12/95)