

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000047513 (3)

1. Corporation Name

HC CONSULTANTS CORP.



Principal Place of Business

Mailing Address

15401 ARCHERVALE ST.
DAVIE FL 33331

15401 ARCHERVALE ST.
DAVIE FL 33331

3. Date Incorporated or Qualified

06/19/1995

3a. Date of Last Report

2. Principal Place of Business

21 15041 ARCHERVALE ST

Suite, Apt. #, etc.

22

City & State

23 DAVIE, FL

Zip

24 33331

Country

25

2a. Mailing Address

26 15041 ARCHERVALE ST

Suite, Apt. #, etc.

27

City & State

28 DAVIE, FL

Zip

29 33331

Country

30

4. FEI Number

65-0600579

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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

HUGO D. ELIAS

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

15041 ARCHERVALE ST

83

84

CITY DAVIE

FL

85 Zip Code

33331

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

Hugo Elias

HUGO ELIAS (PTD)

6/4/96

Signature typed, printing name of registered agent and location if applicable

NOTE: Registered Agent signature required when resigning.

Date

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME ELIAS, HUGO D
STREET ADDRESS 15401 ARCHERVALE ST.
CITY-ST-ZIP DAVIE FL 33331

TITLE VSD
NAME ELIAS, CARMEN L
STREET ADDRESS 15401 ARCHERVALE ST.
CITY-ST-ZIP DAVIE FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD
1.2 NAME ELIAS, HUGO D
1.3 STREET ADDRESS 15041 ARCHERVALE ST
1.4 CITY-ST-ZIP DAVIE, FL 33331

2.1 TITLE VSD
2.2 NAME ELIAS, CARMEN L
2.3 STREET ADDRESS 15041 ARCHERVALE ST
2.4 CITY-ST-ZIP DAVIE, FL 33331

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hugo Elias

6/4/96 954-43-5691

CR2E034 (3/96)