**FILED** 

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90048 009 \*\*\*150.00

- A CORRECCIONE COMO BOMO BOMO BOMO BOMO BOMO MARIO BONTO CAMBO MARIO ANTO MARIO ANTO A BANCARO BANCARO BANCAR

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P96000103216

1. Corporation Name

HERNANDEZ CONSTRUCTION SERVICE, INC.

Principal Place of Business		Mailing Address					
25080 SW 129 AVE. PRINCETON FL 33032		25080 SW 129 AVE. PRINCETON FL 33032		DO NOT WRITE IN THIS	SPACE		
	,				3. Date Incorporated or Qualifed 12/24/1996		
	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	lied For
21	-	26		<u> </u>	65-0714940		Applicable
Suite, Apt.	#, etc. 	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	-
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 h Added to	
Zip 24	Country . 25	Zip 3	Country		This corporation owes the current year in Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			
HERNANDEZ, SALVADOR 25080 SW 129 AVE.		•	82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
PRIN	CETON FL 33032		83				
			84	City	FI	85 Zip C	ode
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0502 sgistered agent, or both, in the State of in familiar with, and accept the obligation Signature, typed or printed name of registered agent	Florida. Such change was autons of, Section 607.0505, Florid	norized by la Statutes	the corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	r changing its i intment as reg	egistered istered
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		<del></del>	Change	Addition
NAME	HERNANDEZ, SALVADOR		1.2 NAME				
STREET ADDRESS	25080 SW 129 AVE.		1.3 STREET	FADDRESS			
CITY-ST-ZIP	PRINCETON FL 33032		1.4 CITY-\$	T-ZIP			
TITLE	D	DELETE	2.1 TITLE	}		☐ Change	Addition
NAME	HERNANDEZ, RAUL		2.2 NAME	Ì			
STREET ADDRESS	20810 CORAL SEA RD	~	2.3 STREET	ADDRESS			
CITY-ST-ZiP	MIAMI FL 33189		2. 4 CITY-S			•	
TITLE				ST-ZIP		Chance	Addition
NAME		☐ DELETE	3.1 TITLE	ST-ZIP		☐ Change	Addition
		☐ DELETE	3.2 NAME		- · · · · · · · · · · · · · · · · · · ·	☐ Change	- Addition
STREET ADDRESS		☐ DELETE	3.2 NAME 3.3 STREET	TADORESS	- · · · · · · · · · · · · · · · · · · ·	☐ Change	_ Addition
CITY-ST-ZIP			3.2 NAME 3.3 STREE: 3.4. CITY-S	TADORESS	·		
CITY-ST-ZIP		☐ DELETE	3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE	TADORESS	·	☐ Change	Addition
CITY-ST-ZIP TITLE NAME			3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4. 2 NAME	TADORESS }	-,±		
CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREE	TADORESS	·		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.2 NAME 3.3 STREE* 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE* 4.4 CITY-S	TADORESS	r.£		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREE	TADORESS		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	TADORESS	• • • • • • • • • • • • • • • • • • • •	☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS T ADDRESS T ADDRESS T ADDRESS		☐ Change	☐ Addition

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, with all other like empowered.

64 CITY+ST-ZIP

6.2 NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

3-15-99

(305)258 - 3912

Daytime Phone #