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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000096862 (2)

FILED Apr 21 1998 8:00am Secretary of State

HACO	B CONSTRUCTION CORP.		,		#110 #1101 18110 BAHO HAA 1882
Principal Plac	ce of Business	Mailing Address		<u> </u>	9410 9400 1940 94110 1101 1 90 1
12532 S.W. 26TH STREET 12532 S.W. 26TH STREI MIAMI FL 33175 MIAMI FL 33175		ET	DO NOT WRITE IN THI	S SPACE	
				3. Date Incorporated or Qualified	3017102
				11/10/1997	
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0795995	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Z ip	Country	Zφ	Country	8. This corporation owes or has paid the c	
24	25 9. Name and Address of Curre	29	30	Personal Property Tax due June 30.	Yes L. No
		iit negisterea Agent	81 Name	10. Name and Address of New Registere	D Agent
	ARCIA, MARIO L				*
12532 S.W. 26TH STREET			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
MI	AMI FL 33175		83		
			53		
			84 City	F	85 Zip Code
11. Pursuant office or agent. I a SIGNATURE				oration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
12.	Signature, typed or printed name of registered ap	ent and title if applicable (NO ID DIRECTORS	If Registered Agent signature requirements.	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 40
TITLE	PD	DELETE	1.1 ITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	GARCIA, MARIO L	C J OLLE IL	1.2 NAME		C onenge C Addition
STREET ADORESS	12532 S.W. 26TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY - ST - ZIP		
TIPLE	VPD	DELETE	2.1)ITLE		Change Addition
NAME	GARCIA, CARIDAD		2.2 NAME		
STREET ADDRESS	12532 S.W. 26TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		2.4 CITY - ST- ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			s 1		
	•		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE			Change Addition
		DELETE	3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.4 CHY-ST-ZIP 4.1 TITLE 4.2 NAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.4 CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREE1 ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.4 CHY-ST-ZIP 4.1 TITLE 4.2 NAMF 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.4 CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREE1 ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.4 CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREE1 ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.4 CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREEL ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREEL ADDRESS 5.4 CHY-ST-ZIP 6.1 TITLE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.4 CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREE1 ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.4 CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREEL ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREEL ADDRESS 5.4 CHY-ST-ZIP 6.1 TITLE		Change Addition

4. 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 angual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6077 fords Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an address.

CIONATURE.

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