

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S01899** (1)
1. Corporation Name
H.W.S. AND ASSOCIATES, INC.



Principal Place of Business
**555 N.E. 15TH ST.
SUITE 100
MIAMI FL 33132**

Mailing Address
**555 N.E. 15TH ST.
SUITE 34H
MIAMI FL 33132
US**

2. Principal Place of Business
21. Suite, Apt. #, etc.
SUITE 34H
22. City & State
MIAMI FL
23. Zip
33132
24. Country
US

2a. Mailing Address
26. Suite, Apt. #, etc.
SUITE 34H
27. City & State
MIAMI FL
28. Zip
33132
29. Country
US

3. Date Incorporated or Qualified **09/25/1990** 3a. Date of Last Report **05/01/1995**

4. FEI Number **65-0216436** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$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

**SPAET, HAROLD W.
555 N.E. 15TH ST.
SUITE 34H
MIAMI FL 33132**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE: *Harold W. Spaet*

(NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME **D SPAET, HAROLD W.**
STREET ADDRESS **555 NE 15 STREET SUITE 34H**
CITY, ST, ZIP **MIAMI FL**

2. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

25. TITLE ☐ Change ☐ Addition
26. NAME
27. STREET ADDRESS
28. CITY, ST, ZIP

29. TITLE ☐ Change ☐ Addition
30. NAME
31. STREET ADDRESS
32. 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 Book 12 or Book 13 if changed, or on an amendment with an address.

SIGNATURE: *Harold W. Spaet*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 (305) 773-0073
Date City District Phone

CR2E034 (12/95)