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Feb 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # S53662 (0)  
1. Corporation Name  
HARDEMAN AND SUAREZ, P.A.

Principal Place of Business  
II DATRAN CENTER, STE 1903  
9130 SOUTH DADELAND BLVD.  
MIAMI FL 33156  
US

Mailing Address  
II DATRAN CENTER, STE 1903  
9130 SOUTH DADELAND BLVD.  
MIAMI FL 33156  
US



DO NOT WRITE IN THIS SPACE

|                                |                     |  |   |   |
|--------------------------------|---------------------|--|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified  | 4. FEI Number                                   | Applied For   |
| 21 II DATRAN CENTER            | 26 II DATRAN CENTER | 05/20/1991   | 65-0263839                                      | Not Applicable  |
| 22 # 1209                      | 27 # 1209           | 5. Certificate of Status Desired   | 6. Election Campaign Financing                  | 8.75 Additional Fee Required                          |
| 23 MIAMI FL                    | 28 MIAMI FL         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                    | Trust Fund Contribution                         | \$5.00 May Be Added to Fees                           |
| 24 33156                       | 29 33156            | 8. This corporation owes or has paid the current year Intangible                                       | 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent          |
| 25 USA                         | 30 USA              | Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 81 Name   | 82 Street Address (P.O. Box Number is Not Acceptable) |

HARDEMAN, DONALD W. JR.  
10201 S.W. 90TH AVENUE  
MIAMI FL 33176

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |          |
|----------------------------|---------------------|---|----------|
| TITLE                      | NAME                | 1.1 TITLE   | 1.2 NAME |
| PD                         | HARDEMAN, DONALD W. |   |          |
| 10201 S.W. 90TH AVENUE     |                     | 1.3 STREET ADDRESS                                    |          |
| MIAMI FL                   |                     | 1.4 CITY-ST-ZIP                                       |          |
|                            |                     | 2.1 TITLE   |          |
|                            |                     | 2.2 NAME  |          |
|                            |                     | 2.3 STREET ADDRESS                                    |          |
|                            |                     | 2.4 CITY-ST-ZIP                                       |          |
|                            |                     | 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 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.

SIGNATURE: Donald W. Hardeman Jr. 2-16-98 (305) 670-2013  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0221184

CR2E034 (10/97)