

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 29 PM 2:19

DOCUMENT # **V71218** (4)  
1. Corporation Name  
**H AND H CONSTRUCTION SERVICES, INC.**

Principal Place of Business      Mailing Address  
**P.O. BOX 012949**      **P.O. BOX 012949**  
**MIAMI FL 33101**      **MIAMI FL 33101**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/12/1992**      **03/18/1994**

2. Principal Place of Business      2a. Mailing Address  
21.      26.  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22.      27.  
City & State      City & State  
23.      28.  
Zip      Country      Zip      Country  
24.      25.      29.      30.

4. FEI Number      Applied For  
**65-0358897**      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  
**BEST, EDWARD S**  
**100 SO BISCAYNE BLVD**  
**STE 400**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City      85. Zip Code  
**FL**

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 \_\_\_\_\_  
Signature (Print or printed name of registered agent and title of registrant)      (NOTE: Registered Agent signature required when reappointing)      DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>HAINES, WILLIAM</b>
STREET ADDRESS	<b>100 S. BISCAYNE BLVD.</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>V</b>
NAME	<b>HOLLO, TIBOR</b>
STREET ADDRESS	<b>100 S. BISCAYNE BLVD.</b>
CITY, ST, ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>V</b>
NAME	<b>HAINES, SARAH</b>
STREET ADDRESS	<b>100 S. BISCAYNE BLVD.</b>
CITY, ST, ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>V</b>
NAME	<b>DAHAN, PHILIP</b>
STREET ADDRESS	<b>100 S. BISCAYNE BLVD.</b>
CITY, ST, ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>V</b>
NAME	<b>BEST, EDWARD</b>
STREET ADDRESS	<b>100 S. BISCAYNE BLVD.</b>
CITY, ST, ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>S</b>
NAME	<b>GRAY, UD</b>
STREET ADDRESS	<b>100 S. BISCAYNE BLVD.</b>
CITY, ST, ZIP	<b>MIAMI FL 33131</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 110.07(3)(a), 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: *U. D. Gray*      3/23/95      358-9910  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number