

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED

96 AUG 29 AM 9:45

DOCUMENT # 499426 (5)

1. Corporation Name
HDS CONSTRUCTION COMPANY

SECRETARY OF STATE



Principal Place of Business
2121 PONCE DE LEON BLVD.
SUITE 1050
CORAL GABLES FL 33134

Mailing Address
2121 PONCE DE LEON BLVD.
SUITE 1050
CORAL GABLES FL 33134

3. Date incorporated or Qualified: 03/19/1976
3a. Date of Last Report: 02/09/1995
4. FEI Number: 59-1659595
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Zip Country
30 Zip Country

9. Name and Address of Current Registered Agent
HERNANDEZ, RODOLFO, JR
2121 PONCE DE LEON BLVD
SUITE 1050
CORAL GABLES FL 33134

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 607.1508, 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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HERNANDEZ, RODOLFO JR	1.2 NAME	
STREET ADDRESS	2121 PONCE DE LEON #1050	1.3 STREET ADDRESS	900001974679--2
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - ZIP	-10/15/96-01176--001
TITLE	SD	2.1 TITLE	****383.75
NAME	HERNANDEZ, IRENE	2.2 NAME	****383.75
STREET ADDRESS	2121 PONCE DE LEON #1050	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	
NAME	CASSEL, MARWIN S	3.2 NAME	
STREET ADDRESS	175 NW 1ST AVE #2000	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 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 its receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on any attachment with an address.

SIGNATURE: _____ DATE: 8/28/96
SIGNED: _____ DAYTIME PHONE: 309-447-3993

CP2E034 (3/96)