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**Feb 04 1997 8:00am
Secretary of State**



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 499426

(5)

1. Corporation Name
HDS CONSTRUCTION COMPANY



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 33134-5218**

3. Date Incorporated or Qualified **03/19/1976** 3a. Date of Last Report **08/29/1996**

2. Principal Place of Business
21 **2151 LE JEUNE ROAD**

2a. Mailing Address
26 **P.O. Box 14-1167**

4. FEI Number **59-1659595** Applied For Not Applicable

Suite, Apt. #, etc.
22 **SUITE 202**

Suite, Apt. #, etc.
27

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

City & State
23 **CORAL GABLES, FLORIDA**

City & State
28 **CORAL GABLES, FLORIDA**

8. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country
24 **33134** 25 **US**

Zip Country
29 **33114-1167** 30 **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 **HERNANDEZ, RODOLFO JR.**
82 Street Address (P.O. Box Number is Not Acceptable) **2151 LE JEUNE ROAD**
83 **SUITE 202**
84 City **CORAL GABLES** FL 85 Zip Code **33134**

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, 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]* **PRESIDENT** *[Signature]* **REGISTERED AGENT, JANUARY 28, 1997**
Signature of Current Registered Agent and Title if Applicable (NOTE: Registered Agent's Signature Required when Reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, RODOLFO JR	
STREET ADDRESS	2121 PONCE DE LEON #1050	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, IRENE	
STREET ADDRESS	2121 PONCE DE LEON #1050	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CASSEL, MARWIN S	
STREET ADDRESS	175 NW 1ST AVE #2000	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE: *[Signature]* **JANUARY 28, 1997** (305) 447-3993
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/96)