

**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

FILED  
Feb 06 1996 8:00 am  
Secretary of State

DOCUMENT # **K13117 (2)**

1. Corporation Name

**HANSWARD MANAGEMENT SERVICES, INC.**



Principal Place of Business

Mailing Address

2525 S.W. 27TH AVE  
SUITE 100  
MIAMI FL 33133

2525 S.W. 27TH AVE  
SUITE 100  
MIAMI FL 33133

2. Principal Place of Business

2a. Mailing Address

21 **2620 SW 27th Ave.**  
Suite, Apt. #, etc.

26 **2620 SW 27th Ave.**  
Suite, Apt. #, etc.

22 City/State  
**Miami FL 33133**

27 City/State  
**Miami FL 33133**

23 Zip Country

28 Zip Country

24

29 30

3. Date Incorporated or Qualified

**01/28/1988**

3a. Date of Last Report

**02/03/1995**

4. FEI Number

**65-0026888**

Applied For

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

**DUNCAN, ROSARIO P.**  
2525 S.W. 27TH AVE  
SUITE 100  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name  
**Rosario P. Duncan, Esq.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2600 Douglas Rd.**  
83  
**Suite #410**  
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, 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 of individual or printed name of registered agent and the filer, as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>MENENDEZ, ROSA</b>	
STREET ADDRESS	<b>2525 SW 27TH AVE, STE 100</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>VELAZQUEZ, MARIA I.</b>	
STREET ADDRESS	<b>2525 SW 27TH AVE., STE. 100</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>SIERRA, ANTONIO M</b>	
STREET ADDRESS	<b>2620 SW 27TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MENENDEZ, ROSA M.</b>	
1.3 STREET ADDRESS	<b>2620 S.W. 27th Ave.</b>	
1.4 CITY-ST-ZIP	<b>Miami, FL 33133</b>	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VELASQUEZ, MARIA I.</b>	
2.3 STREET ADDRESS	<b>2600 Douglas Rd. #410</b>	
2.4 CITY-ST-ZIP	<b>Coral Gables FL 33134</b>	
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 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 Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

*Rosa M. Menendez*  
**ROSAM. MENENDEZ**

1/24/96

(305) 443-2898

Date Daytime Phone #

CR2E034 (12/95)