

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K13117 (2)**  
 1. Corporation Name  
**HANSWARD MANAGEMENT SERVICES, INC.**

Principal Place of Business 2620 S.W. 27TH AVE. MIAMI FL 33133 US	Mailing Address 2620 S.W. 27TH AVE. MIAMI FL 33133 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2600 Douglas Road	22 Suite #410	23 Coral Gables, FL	24 33146	25 USA	01/28/1988
26 2600 Douglas Road		27 Suite #410		28 Coral Gables, FL	
29 33146		30 USA		31 65-0026888	
32 Certificate of Status Desired <input type="checkbox"/>		33 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		34 \$8.75 Additional Fee Required	
35 \$5.00 May Be Added to Fees		36 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		37 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DUNCAN, ROSARIO P. 2800 DOUGLAS RD. SUITE 410 CORAL GABLES FL 33134				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				1320 S. Dixie Highway			
				83 Sixth Floor			
84 City				85 Zip Code			
Coral Gables, FL				33146			

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	VD
NAME	SIERRA, ANTHONY F.	1.2 NAME	SIERRA, ANTHONY F.
STREET ADDRESS	2620 S.W. 27TH AVE.	1.3 STREET ADDRESS	1320 S. Dixie Hwy., Sixth Floor
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	ST D	2.1 TITLE	DS
NAME	DUNCAN, ROSARIO P.	2.2 NAME	DUNCAN, ROSARIO P.
STREET ADDRESS	2600 DOUGLAS RD. - STE 410	2.3 STREET ADDRESS	1320 S. Dixie Hwy., Sixth Floor
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	Dy	3.1 TITLE	D
NAME	SIERRA, ANTONIO M	3.2 NAME	SIERRA, ANTONIO M.
STREET ADDRESS	2620 SW 27TH AVENUE	3.3 STREET ADDRESS	1320 S. Dixie Hwy., Sixth Floor
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE		4.1 TITLE	DP
NAME		4.2 NAME	MENENDEZ, ROSA M.
STREET ADDRESS		4.3 STREET ADDRESS	2600 Douglas Road, Suite #410
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE		5.1 TITLE	DV
NAME		5.2 NAME	DE ARMAS, ELOY
STREET ADDRESS		5.3 STREET ADDRESS	1320 S. Dixie Hwy., Sixth Floor
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE		6.1 TITLE	V
NAME		6.2 NAME	ARIAS, RAFAEL
STREET ADDRESS		6.3 STREET ADDRESS	2600 Douglas Road, Suite #410
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Coral Gables, FL 33146

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: \_\_\_\_\_

CR2E034 (10/97)