

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90136 011 ***150.00

DOCUMENT # 416668

1. Corporation Name

HAMILTON PLANNING CORPORATION

Principal Place of Business

1390 BRICKELL AVE.
SUITE 230
MIAMI FL 33131
US

Mailing Address

1390 BRICKELL AVE.
SUITE 230
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1973

4. FEI Number

59-1482895

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 13200 S.W. 128 Street

2a. Mailing Address

26 P. O. Box 557035

Suite, Apt. #, etc.

22 Building G

Suite, Apt. #, etc.

27

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33186

Country

25

Zip

29 33255

Country

30

9. Name and Address of Current Registered Agent

PRADO, ANTONIO

~~1390 BRICKELL AVE.~~

~~SUITE 230~~

~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name PRADO, ANTONIO

82 Street Address (P.O. Box Number is Not Acceptable)
6405 S.W. 50 Street

83

84 City

Miami,

FL

85 Zip Code

33155

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

ANTONIO PRADO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PRADO, ANTONIO
STREET ADDRESS 6405 SW 50TH ST
CITY-ST-ZIP MIAMI, FL 00000
☐ DELETE

TITLE SD
NAME PRADO, CATALINA
STREET ADDRESS 6405 SW 50TH ST
CITY-ST-ZIP MIAMI, FL 00000
☐ DELETE

TITLE VD
NAME PRADO, MERCEDES
STREET ADDRESS 6405 SW 50TH ST
CITY-ST-ZIP MIAMI FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

(305) 551-6770

Date

Daytime Phone #

0185780

CR2E034 (1/1/98)