

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000001317

**Entity Name:** HAMMOND VENTURE, INC.

**Current Principal Place of Business:**

121 ALHAMBRA PLAZA, SUITE 1600  
CORAL GABLES, FL 33134

**Current Mailing Address:**

121 ALHAMBRA PLAZA, SUITE 1600  
CORAL GABLES, FL 33134 US

**FEI Number:** 59-2248649

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROTH, JEFFREY C ESQ  
866 SOUTH DIXIE HIGHWAY  
CORAL GABLES, FL 33146 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name BELL, JAMES F JR  
Address 121 ALHAMBRA PLAZA, SUITE 1600  
City-State-Zip: CORAL GABLES FL 33134

Title P  
Name MORRIS, W. ALLEN  
Address 121 ALHAMBRA PLAZA, SUITE 1600  
City-State-Zip: CORAL GABLES FL 33134

Title T  
Name GIL, YAZMIN  
Address 121 ALHAMBRA PLAZA, SUITE 1600  
City-State-Zip: CORAL GABLES FL 33134

Title COO  
Name DICORPO, PETER  
Address THE ALLEN MORRIS COMPANY  
121 ALHAMBRA PLAZA SUITE 1600  
City-State-Zip: CORAL GABLES FL 33134

Title EXECUTIVE VP  
Name MORRIS, SPENCER  
Address THE ALLEN MORRIS COMPANY  
121 ALHAMBRA PLAZA SUITE 1600  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name PINEIRO, ENRIQUE  
Address THE ALLEN MORRIS COMPANY  
121 ALHAMBRA PLAZA SUITE 1600  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** YAZMIN GIL

**TREASURER**

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date