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Apr 22, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

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

2. Principal Place of Business
21 13200 S.W. 128 Street

2a. Mailing Address
26 P. O. Box 557035

3. Date Incorporated or Qualified
01/12/1973

4. FEI Number
59-1482895

Applied For
 Not Applicable

22 Suite, Apt. #, etc.
Building G

27 Suite, Apt. #, etc.

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

23 City & State
Miami, FL

28 City & State
Miami, FL

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

24 Zip **33186** Country 25

29 Zip **33255** Country 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRADO, ANTONIO
~~1390 BRICKELL AVE.~~
~~SUITE 230~~
~~MIAMI FL 33131~~

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)

4-19-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 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 attached document with an address, with all other like empowered.

SIGNATURE: **Antonio Prado**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99 (305) 551-6770

Date

Daytime Phone #

CR2E034 (1/1/98)