FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **609476** **(7)**

1. Corporation Name

HAMPTON ROBERTS INT'L CORPORATION

Principal Place of Business	Mailing Address
4937 S.W. 75TH AVENUE PO BOX 971217 MIAMI FL 33155	4937 S.W. 75TH AVENUE PO BOX 971217 MIAMI FL 33155

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **02/09/1979**
3a. Date of Last Report: **07/11/1995**
4. FEI Number: **59-1892654** ☐ 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

LLOSA, JOSE LUIS
16550 SOUTHWEST 104TH AVENUE
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name: LLOSA, JOSE LUIS
82 Street Address (P.O. Box Number is Not Acceptable): 14200 FARMER RD.
83
84 City: MIAMI FL 85 Zip Code: 33158

11. Pursuant to the provisions of Section 607.0502 and 607.1503, 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: Jose L Llosa 3/14/96
(Required) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE	PTD	☒ Change ☐ Addition
NAME	LLOSA, JOSE LUIS		12 NAME	JOSE LUIS LLOSA	
STREET ADDRESS	16550 S.W. 104TH AVENUE		13 STREET ADDRESS	14200 FARMER RD.	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	MIAMI, FL. 33158	
TITLE	VP	☒ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	LLOSA, MARIELLA		22 NAME		
STREET ADDRESS	16550 S.W. 104TH AVENUE		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Jose L. Llosa 3/14/96 (305) 661-9538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)