FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:08

DOCUMENT # K19929 (4)

1. Corporation Name
HAMILTON BANCORP INC.

Principal Place of Business
3750 NW 87TH AVE POB 520006
SUITE 700
MIAMI FL 33178

Mailing Address
3750 NW 87TH AVE POB 520006
SUITE 700
MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

3. Date Incorporated or Qualified: 04/01/1988

3a. Date of Last Report: 03/08/1994

4. FEI Number: 65-0105414 ☐ 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

BINGHAM, J. REID
201 SOUTH BISCAYNE BLVD., SUITE 2000
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ____________________ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CPED
NAME	MASFERRER, EDUARDO A.
STREET ADDRESS	3750 N.W. 87TH AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	VPAS
NAME	LACAYO, RONALD A.
STREET ADDRESS	3750 N.W. 87TH AVE.
CITY-ST-ZIP	MIAMI FL 33178
TITLE	VP
NAME	ACOSTA, MAURA
STREET ADDRESS	3750 N.W. 87TH AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	S
NAME	SOUFFRONT, LUIS OSCAR
STREET ADDRESS	3750 N.W. 87TH AVE.
CITY-ST-ZIP	MIAMI FL 33178
TITLE	T
NAME	TREJO, DELIO
STREET ADDRESS	3750 N.W. 87TH AVE.
CITY-ST-ZIP	MIAMI FL 33178
TITLE	D
NAME	MARINAKYS, JUAN C
STREET ADDRESS	3750 NW 87TH AVENUE
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	EDMUND M. McCARTHY	
1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	6060 S.W. 85 ST. MIAMI, FL 33143	
2.1 TITLE	ASSISTANT TREASURER	☐ Change ☒ Addition
2.2 NAME	MARIA F. DIAZ	
2.3 STREET ADDRESS	5320 S.W. 115 AVE.	
2.4 CITY-ST-ZIP	COOPER CITY, FL 33330	
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 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: Maria F Diaz — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/95 Date

305-717-5620 Daytime Phone #

0196060 CP