

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

FILED  
Apr 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # K65517 (0)  
1. Corporation Name  
HAMMOCK ESTATES INCORPORATED

Principal Place of Business Mailing Address  
% FERNANDO ZULUETA  
~~6262 BIRD RD. STE 31~~  
~~MIAMI FL 33155~~  
% FERNANDO ZULUETA  
6202 BIRD RD. STE 31  
MIAMI FL 33155



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 P.O. Box 562438 26 P.O. Box 562438  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Miami, FL 28 Miami, FL  
24 33256 25 USA 29 33256 30 USA

3. Date Incorporated or Qualified  
02/14/1989  
4. FEI Number  
65-0277685  
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZULUETA, FERNANDO  
6262 BIRD RD  
SUITE 31  
MIAMI FL 33155

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 Suite 30  
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZULUETA, FERNANDO	1.2 NAME	
STREET ADDRESS	<del>6262 BIRD RD. STE 31</del>	1.3 STREET ADDRESS	P.O. Box 562438
CITY-ST-ZIP	<del>MIAMI FL</del>	1.4 CITY-ST-ZIP	Miami, FL 33256 (N/A)
TITLE	<del>ST</del>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>ORRIOLG, ALINA J.</del>	2.2 NAME	
STREET ADDRESS	<del>6202 BIRD ROAD, STE 31</del>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<del>MIAMI FL</del>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 supplement to 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 amendment with an address.

SIGNATURE:

CR2E034 (10/97)