

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 # **L93895** (5)

1. Corporation Name

HAMO MED CORP.

Principal Place of Business

10100 NW 116TH WAY
SUITE 14
MIAMI FL 33178
US

Mailing Address

10100 NW 116TH WAY, SUITE 14
SUITE#14
MIAMI FL 33178
US



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

08/14/1990

3a. Date of Last Report

04/25/1995

4. FEI Number

65-0209803

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

VELEZ, ARNALDO
801 BRICKELL AVENUE
FOURTEENTH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81

Name

CHRISTOPHER M. RUNDLE

82

Street Address (P.O. Box Number is Not Acceptable)

3929 PONCE DE LEON BLVD.

83

84

City

CORAL GABLES

FL

85

Zip Code

33134

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

Christopher M. Rundle CHRISTOPHER M. RUNDLE

4/22/96

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

COB

MOSER, HANSRUEDI
BIELSTRASSE 76 CH 2542
SWITZERLAND

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

MUNOZ, ALFREDO
10100 N.W. 116 WAY #14
MIAMI FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

SKOLA, THOMAS J.
801 BRICKELL AVENUE 14FL
MIAMI FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PT

MCMULLEN, JAMES
10100 N.W. 116 WAY, #14
MIAMI FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

PT

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(b), 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 in an attachment with an address.

SIGNATURE:

Alfredo Munoz ALFREDO MUNOZ

4/25/96 (305) 885-1082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)