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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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	Mailing Address
10100 NW 116TH WAY SUITE 14 MIAMI FL 33178 US	10100 NW 116TH WAY, SUITE 11 SUITE#14 MIAMI FL 33178-1154 US

3. Date Incorporated or Qualified: 08/14/1990
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0209803 ☐ 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

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

9. Name and Address of Current Registered Agent
RUNDLE, CHRISTOPHER M.
3929 PONCE DE LEON BLVD
CORAL GABLES FL 33134

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOSER, HANSRUEDI		1.2 NAME	
STREET ADDRESS	BIELSTRASSE 76 CH 2542		1.3 STREET ADDRESS	
CITY-ST-ZIP	SWITZERLAND		1.4 CITY-ST-ZIP	
TITLE	V	☒ DELETE	2.1 TITLE	V ☒ Change ☐ Addition
NAME	MUNOZ, ALFREDO		2.2 NAME	DENNIS MULCAHY
STREET ADDRESS	10100 N.W. 116 WAY #14		2.3 STREET ADDRESS	10100. NW. 116 WAY #14
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI. FLA. 33178.
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RUNDLE, CHRISTOPHER		3.2 NAME	
STREET ADDRESS	3929 PONCE DE LEON BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 attachment with an address

SIGNATURE: [signature] CHRISTOPHER M. RUNDLE 3/12/97 305 558 9981