

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PH 3: 33

DOCUMENT # **M19955** (7)

1. Corporation Name
HAMILTON RISK MANAGEMENT CO.

Principal Place of Business: **3915 BISCAYNE BLVD. MIAMI FL 33137**
Mailing Address: **3915 BISCAYNE BLVD. MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/26/1985**
3a. Date of Last Report: **02/07/1994**
4. FEI Number: **59-2572546**
Applied For: 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**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
LOPEZ, JUAN
3915 BISCAYNE BLVD.
2ND FLOOR
MIAMI FL 33137

10. Name and Address of New Registered Agent
81. Name: **Frank Mendez**
82. Street Address (P.O. Box Number is Not Acceptable): **3915 Biscayne Blvd.**
83. **4th Floor**
84. City: **Miami** FL 85. Zip Code: **33137**

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

12. OFFICERS AND DIRECTORS	
TITLE	DPC
NAME	ESPIN, ROBERTO R
STREET ADDRESS	3915 BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI FL
TITLE	DV
NAME	ALVAREZ, LUIS
STREET ADDRESS	3915 BISCAYNE BLVD
CITY - ST - ZIP	MIAMI FL
TITLE	DV
NAME	CUADRA, HENRY
STREET ADDRESS	3915 BISCAYNE BLVD
CITY - ST - ZIP	MIAMI FL
TITLE	DY
NAME	LOPEZ, JUAN A
STREET ADDRESS	3915 BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI FL
TITLE	DS
NAME	MOHAMAD, LUCIA
STREET ADDRESS	3915 BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI FL
TITLE	T
NAME	LOPEZ, JUAN
STREET ADDRESS	3915 BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Secretary
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Delete S.
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Delete
6.3 STREET ADDRESS	Delete
6.4 CITY - ST - ZIP	Delete

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 110.07(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 on an attachment with an address.

SIGNATURE: *Juan A. Lopez* 3/15/95 305-576-7440
DATE: _____