


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

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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90207 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M19955 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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/26/1985 4. FEI Number 59-2572546 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MENDEZ, FRANK 3915 BISCAYNE BLVD. 4TH FLOOR MIAMI FL 33137			10. Name and Address of New Registered Agent 81 Name Guy Junger 82 Street Address (P.O. Box Number is Not Acceptable) 3915 Biscayne Blvd 83 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 <i>Guy Junger</i> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESPIN, ROBERTO R		1.2 NAME		
STREET ADDRESS	3915 BISCAYNE BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALVAREZ, LUIS		2.2 NAME	Alvarez, Luis	
STREET ADDRESS	3915 BISCAYNE BLVD		2.3 STREET ADDRESS	3915 Biscayne Blvd.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33137	
TITLE	DV	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUADRA, HENRY		3.2 NAME	Cuadra, Enrique	
STREET ADDRESS	3915 BISCAYNE BLVD		3.3 STREET ADDRESS	3915 Biscayne Blvd.	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, FL 33137	
TITLE	TDS	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOPEZ, JUAN A		4.2 NAME	Lopez, Juan	
STREET ADDRESS	3915 BISCAYNE BLVD.		4.3 STREET ADDRESS	3915 Biscayne Blvd.	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, FL 33137	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MOHAMAD, LUCIA		5.2 NAME	Jackson, Shaun	
STREET ADDRESS	3915 BISCAYNE BLVD		5.3 STREET ADDRESS	3915 Biscayne Blvd.	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Miami, FL 33137	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME	Star, William	
STREET ADDRESS			6.3 STREET ADDRESS	3915 Biscayne Blvd.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Miami, FL 33137	

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 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, with all other like empowered.

SIGNATURE:

Juan A. Lopez 4/29/99 (305) 576-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)