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May 05, 1999 8:00 am
Secretary of State

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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



DO NOT WRITE IN THIS SPACE

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: 08/26/1985
 4. FEI Number: 59-2572546 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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
MELENDEZ, 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: *Guy M Junger* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DPC	<input type="checkbox"/> DELETE
NAME	ESPIN, ROBERTO R	
STREET ADDRESS	3915 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ALVAREZ, LUIS	
STREET ADDRESS	3915 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CUADRA, HENRY	
STREET ADDRESS	3915 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE	TDS	<input type="checkbox"/> DELETE
NAME	LOPEZ, JUAN A	
STREET ADDRESS	3915 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOHAMAD, LUCIA	
STREET ADDRESS	3915 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Alvarez, Luis	
2.3 STREET ADDRESS	3915 Biscayne Blvd.	
2.4 CITY-ST-ZIP	Miami, FL 33137	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cuadra, Enrique	
3.3 STREET ADDRESS	3915 Biscayne Blvd.	
3.4 CITY-ST-ZIP	Miami, FL 33137	
4.1 TITLE	T/D/S/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lopez, Juan	
4.3 STREET ADDRESS	3915 Biscayne Blvd.	
4.4 CITY-ST-ZIP	Miami, FL 33137	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jackson, Shaun	
5.3 STREET ADDRESS	3915 Biscayne Blvd.	
5.4 CITY-ST-ZIP	Miami, FL 33137	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Star, William	
6.3 STREET ADDRESS	3915 Biscayne Blvd.	
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* DATE: 4/29/99 (305) 576-1115
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

0202548

CR2E034 (11/98)