FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR 27 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000054717 (2)**

1. Corporation Name
HAMILTON CREDIT CORP.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
3915 BISCAYNE BLVD MIAMI FL 33137 US	3915 BISCAYNE BLVD MIAMI FL 33137 US

3. Date Incorporated or Qualified: **08/04/1993**
3a. Date of Last Report: **07/12/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **65-0437278** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / Country — 25 / Zip — 29 / Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MENDEZ, FRANK
3915 BISCAYNE BLVD
4TH FLR
MIAMI FL 33137

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DO	1.1 TITLE		☐ Change ☐ Addition
NAME	ESPIN, ROBERTO JR	1.2 NAME		
STREET ADDRESS	3915 BISCAYNE BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	DO	2.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	LOPEZ, JUAN	2.2 NAME		
STREET ADDRESS	3915 BISCAYNE BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	O	3.1 TITLE		☒ Change ☐ Addition
NAME	LOURDES, COLETE	3.2 NAME		
STREET ADDRESS	3915 BISCAYNE BLVD	3.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ALVAREZ, LUIS	4.2 NAME		
STREET ADDRESS	3915 BISCAYNE BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	CUADRA, ENRIQUE	5.2 NAME		
STREET ADDRESS	3915 BISCAYNE BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MOHAMAD, LUCIA	6.2 NAME		
STREET ADDRESS	3915 BISCAYNE BLVD	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP		

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)(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: Juan A. Lopez 3/11/95 305-576-7440
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0144816 CP