

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Montalvo
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 MAY -1

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # P93000056615 (6)

1. Corporation Name
HAMMOCKS PARC, INC.

Principal Place of Business
10556 N.W. 26TH ST.
~~SUITE 200~~
MIAMI FL 33172

Mailing Address
10556 N.W. 26TH ST.
~~SUITE 200~~ D102
MIAMI FL 33172

2. Principal Place of Business
21 10556 NW 26TH ST
Suite, Apt. #, etc.
22 D102
City & State
23 MIAMI, FL
Zip
24 33172

2a. Mailing Address
25
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
08/12/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
~~XXXXXXXXXX~~ - 65-0476998

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

9. Name and Address of Current Registered Agent
JOHN H. RUIZ, P.A.
757 N.W. 27TH AVENUE
MIAMI FL 33125

10. Name and Address of New Registered Agent
81 Name AI VALENIA
82 Street Address (P.O. Box Number is Not Acceptable)
83 10556 NW 26TH ST Suite D102
84 City MIAMI FL 85 Zip Code 33172

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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  4-24-95

Signature (Type or print name of registered agent, not the corporation) (NOTE: Registered Agent signature required unless registered agent is the corporation) (DATE)

12. OFFICERS AND DIRECTORS

TITLE DP
NAME BRENES, MANUEL EDUARDO
STREET ADDRESS CALE 1 AVS 5-7 EDIFICIDURU / STE 4
CITY-ST-ZIP SAN JOSE CO

TITLE D
NAME PERERA, HUGO
STREET ADDRESS 478 BAYLANE
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE V
NAME PEREZ, JULIO C
STREET ADDRESS 10556 NW 26ST D102
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

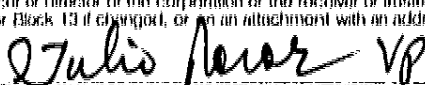
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(k), 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 as an attachment with an address.

SIGNATURE:  4-24-95

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date (Typed Name)

0100637 CP