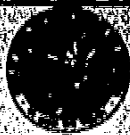


**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 22 AM 8:04

DOCUMENT # P93000074200 (5)

1. Corporation Name

HAMO SERVICE CORP.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/20/1993** 3a. Date of Last Report **07/19/1994**

4. FBI Number **65-0445214** 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

29

30 Country

9. Name and Address of Current Registered Agent

**SKOLA, THOMAS J
801 BRICKELL AVENUE
14TH FLOOR
MIAMI FL**

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

James M. Muller

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

5-8-95

DATE

12. OFFICERS AND DIRECTORS

TITLE **V**
NAME **MUNOZ, ALFREDO**
STREET ADDRESS **10100 NORTHWEST 116 WAY, #14**
CITY - ST - ZIP **MIAMI FL**

TITLE **S**
NAME **SKOLA, THOMAS J.**
STREET ADDRESS **801 BRICKELL AVENUE 14 FL**
CITY - ST - ZIP **MIAMI FL**

TITLE **ET**
NAME **MOSER, HANSRUEDO**
STREET ADDRESS **BIELSTRASSE 78 CH 2542**
CITY - ST - ZIP **SWITZERLAND**

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 **V** ☒ Change ☐ Addition
1.2 NAME **McMullen, James**
1.3 STREET ADDRESS **10100 NW 116 WAY, #14**
1.4 CITY - ST - ZIP **MIAMI, FL**

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

3.1 TITLE **CHAIRMAN OF THE BOARD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE **V** ☐ Change ☒ Addition
4.2 NAME **BONDS, DAVID**
4.3 STREET ADDRESS **512 THOMSON PARK ROAD**
4.4 CITY - ST - ZIP **CRENSHAW TWP, PA**

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 on an attachment with an address.

SIGNATURE:

James M. Muller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-95

DATE

PAO-278-5430

SYSTEM NUMBER