CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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.

Principal Place of Business	Mailing Address
10100 N.W. 116TH WAY SUITE 14 MIAMI FL 33178 US	10100 N.W. 116TH WAY SUITE 14 MIAMI FL 33178 US

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: 65-0445214 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23
City & State 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

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 McMullen — 5-8-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	V	☑ Change ☐ Addition
NAME	~~MUNOZ, ALFREDO~~	1.2 NAME	McMullen, James	
STREET ADDRESS	10100 NORTHWEST 116 WAY, #14	1.3 STREET ADDRESS	10100 NW 116 WAY, #14	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	SKOLA, THOMAS J.	2.2 NAME		
STREET ADDRESS	801 BRICKELL AVENUE 14 FL	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	~~P~~	3.1 TITLE	CHAIRMAN OF THE BOARD	☑ Change ☐ Addition
NAME	MOSER, HANSRUEDO	3.2 NAME		
STREET ADDRESS	BIELSTRASSE 76 CH 2542	3.3 STREET ADDRESS		
CITY-ST-ZIP	SWITZERLAND	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	V	☐ Change ☑ Addition
NAME		4.2 NAME	BONDS, DAVID	
STREET ADDRESS		4.3 STREET ADDRESS	512 THOMSON PARK ROAD	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CRANBERRY TWP, PA	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: James McMullen — 5-25-95 — 800-272-5910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0184466 CP