

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
10/20/1993	06/22/1995
4. FEI Number	Applied For
65-0445214	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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  
**Christopher Rundle, P.A.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3929 Ponce de Leon Blvd.**  
83  
84 City  
**Coral Gables** FL 85 Zip Code  
**33134**

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 **Christopher Rundle Secretary** DATE **4/19/96**

12. OFFICERS AND DIRECTORS

TITLE	V	XX DELETE
NAME	<b>MCMULLEN, JAMES</b>	
STREET ADDRESS	<b>10100 BW 116 WAY, #14</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	S	XX DELETE
NAME	<b>SKOLA, THOMAS J.</b>	
STREET ADDRESS	<b>801 BRICKELL AVENUE 14 FL</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>MOSER, HANSRUEDI HANSRUEDI</b>	
STREET ADDRESS	<b>BIELSTRASSE 76 CH 2542</b>	
CITY-ST-ZIP	<b>SWITZERLAND</b>	
TITLE	V	XX DELETE
NAME	<b>BONDS, DAVID</b>	
STREET ADDRESS	<b>512 THOMSON PARK ROAD</b>	
CITY-ST-ZIP	<b>CRANBARRY TWP PA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Dieter Rudin</b>	
1.3 STREET ADDRESS	<b>15505 N. Miami Lakeway</b>	
1.4 CITY-ST-ZIP	<b>Miami Lakes, FL 33014</b>	
2.1 TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Christopher Rundle, P.A.</b>	
2.3 STREET ADDRESS	<b>3929 Ponce de Leon Blvd.</b>	
2.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	
3.1 TITLE	<b>Moser, Hansruedi</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>200001857442</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>-06/11/96--01015--019</b>	
5.3 STREET ADDRESS	<b>***200.00</b>	
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>300001857443</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>-06/11/96--01015--020</b>	
6.3 STREET ADDRESS	<b>***25.00</b>	
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)(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: **Dieter Rudin** DATE: **4/19/96** TELEPHONE: **(305) 885-9144**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*CS 6/10/96*

CR2E034 (12/95)