

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000026576 (6)

1. Corporation Name

HAMLET DEVELOPMENT COMPANY, #6



Principal Place of Business

Mailing Address

15321 S. DIXIE HWY.
201
MIAMI FL 33157

15321 S. DIXIE HWY.
201
MIAMI FL 33157

3. Date Incorporated or Qualified
04/07/1994

3a. Date of Last Report
01/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0481248

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81

Name

MELVIN WEISS

82

Street Address (P.O. Box Number is Not Acceptable)

15321 S. Dixie Highway #201

83

84

City

Miami, FL

FL

85

Zip Code

33157

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

MELVIN WEISS

(Signature, typed or printed name of registered agent as in the last filing)

(NOTE: Registered Agent Signature required when re-registering)

DATE

1/21/96

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

JOSEPH, JERRY

STREET ADDRESS

15321 S. DIXIE HWY., STE. 201

CITY- ST- ZIP

MIAMI FL

TITLE

VTD

☐ DELETE

NAME

ROYO, EMILIO

STREET ADDRESS

15321 S. DIXIE HWY., STE. 201

CITY- ST- ZIP

MIAMI FL

TITLE

S

☐ DELETE

NAME

LEVINE, ADEL

STREET ADDRESS

15321 S. DIXIE HWY., STE. 201

CITY- ST- ZIP

MIAMI FL

TITLE

D

☐ DELETE

NAME

GOODPASTER, CHARLES A.

STREET ADDRESS

15321 S. DIXIE HWY., STE. 201

CITY- ST- ZIP

MIAMI FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

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

200001756872

-03/26/96--01032--003

***1043.75

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:

JERRY L. JOSEPH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone #

CR2E034 (12/95)