SECOND NOTICE: CORPORATION WILL BE DISSOLVED [illegible] AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (A) [illegible] STATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

Sec[illegible]
DIVISION OF CORPORA[illegible]

FILED

95 JUL 11 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059400 (9)

1. Corporation Name

HAMMOCKS ESTATES III, INC.

600001536236
-07/12/95--01079--027
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
11279 SW 154TH AVE MIAMI FL 33196	~~11279 SW 154TH AVE~~ ~~MIAMI FL 33196~~

3. Date Incorporated or Qualified: 08/11/1994
3a. Date of Last Report:

2. Principal Place of Business 21	2a. Mailing Address 26 111 SW 3rd St.,	4. FEI Number: 65-0512348	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 6th Floor	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
City & State 23	City & State 28 Miami, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 33130 / 30 US	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~RRIS, ELLIOTT~~ ~~1 SW 3RD ST~~ ~~6TH FLOOR MCCORMICK BLDG~~ MIAMI FL 33130	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	GARCIA-CARRILLO, PEDRO	12 NAME	
STREET ADDRESS	~~11279 E SW 56TH ST~~	13 STREET ADDRESS	11279 S.W. 154 Avenue
CITY-ST-ZIP	~~MIAMI FL 33175~~	14 CITY-ST-ZIP	Miami, Florida 33196
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	HARRIS, ELLIOTT	22 NAME	
STREET ADDRESS	111 SW 3RD ST 6TH FLOOR	23 STREET ADDRESS	600001536236
CITY-ST-ZIP	MIAMI FL 33130	24 CITY-ST-ZIP	-07/12/95--01079--028 ******8.75 ******8.75
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	RC

CR2E034 (3/95)

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: _____ 6/12/95 (305)358-0146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Elliott Harris, Secretary

0070400 CP