

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 # P95000093979 (9)

1. Corporation Name

H.A.M. BUSINESS CORPORATION



Principal Place of Business

141 NORTH EAST 3RD AVENUE
SUITE NO. 206
MIAMI FL 33132

Mailing Address

141 NORTH EAST 3RD AVENUE
SUITE NO. 206
MIAMI FL 33132

2. Principal Place of Business

2a. Mailing Address

21 17335 NW 67th PLACE

26 17335 NW 67th PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 APT. #K

27 APT. #K

City & State

City & State

23 Miami, FL

28 MIAMI, FL

Zip

Country

Zip

Country

24 33015

25 USA

29 33015

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/12/1995

3a. Date of Last Report

4. FEI Number

65-0637688

☒ 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

10. Name and Address of New Registered Agent

81 Name DE ALMEIDA, ABNER A.

82 Street Address (P.O. Box Number is Not Acceptable)
17335 NW 67th PLACE

83 APT. #K

84 City MIAMI

FL

85 Zip Code 33015

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 607.0504, Florida Statutes.

SIGNATURE

DE ALMEIDA, ABNER A.

2/16/96

(NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE PSD ☐ Change ☒ Addition

1.2 NAME DE ALMEIDA, ABNER A.

1.3 STREET ADDRESS 17335 NW 67th PLACE #K

1.4 CITY-ST-ZIP MIAMI, FL. 33015

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE VTD ☐ Change ☒ Addition

2.2 NAME AZEVEDO, MARLI

2.3 STREET ADDRESS 17335 NW 67th PLACE #K

2.4 CITY-ST-ZIP MIAMI, FL. 33015

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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 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:

DE ALMEIDA, ABNER A.

2/16/96

505/362-1476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)