

2-3-97 B-1213 -C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

17335 NW 67TH P  
APT. K  
MIAMI FL 33015  
US

Mailing Address

17335 NW 67TH P  
APT. K  
MIAMI FL 33015-5841  
US



2. Principal Place of Business

21 4815 NW 79 AVE

Suite, Apt. #, etc.

22 SUITE 6

City & State

23 MIAMI, FL

Zip

24 33166

Country

25 U.S.A.

2a. Mailing Address

26 4815 NW 79 AVE

Suite, Apt. #, etc.

27 SUITE 6

City & State

28 MIAMI, FL

Zip

29 33166

Country

30 U.S.A

3. Date Incorporated or Qualified

12/12/1995

3a. Date of Last Report

04/16/1996

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

9. Name and Address of Current Registered Agent

DE ALMEIDA, ABNER A  
141 N.E. 9RD AVENUE  
SUITE NO. 206  
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name

DE ALMEIDA, ABNER A.

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

4815 NW 79 AVENUE

83

SUITE 6

84 City

MIAMI

FL

85 Zip Code

33166

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

DE ALMEIDA, ABNER

1/9/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PSD	DE ALMEIDA, ABNER A.	17335 NW 67TH PLACE APT. K	MIAMI FL	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PSD	DE ALMEIDA, ABNER A.	4815 NW 79 AVENUE #6	MIAMI FL 33166	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
VTD	DE ALMEIDA, MARLI	4815 NW 79 AVENUE #6	MIAMI, FL 33166	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

14. I do hereby certify that the information supplied with this filing 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:

*[Signature]* DE ALMEIDA, ABNER

1/9/97

(305) 944-1404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0122618

CR2E034 (9/96)