

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90238 026 \*\*\*158.75

DOCUMENT # P95000093979

1. Corporation Name

H.A.M. BUSINESS CORPORATION

Principal Place of Business

4815 NW 79 AVE  
SUITE 6  
MIAMI FL 33166  
US

Mailing Address

4815 NW 79 AVE  
SUITE 6  
MIAMI FL 33166  
US

2. Principal Place of Business

21 1707 NW 79 AVE  
Suite, Apt. #, etc.

22 City & State  
MIAMI, FL

23 Zip Country  
33126 USA

2a. Mailing Address

26 1707 NW 79 AVE  
Suite, Apt. #, etc.

27 City & State  
MIAMI, FL

28 Zip Country  
33126 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1995

4. FEI Number

65-0637688

Applied For  
No Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

X

Yes No

9. Name and Address of Current Registered Agent

DE ALMEIDA, ABNER A  
4815 NW 79 AVE  
SUITE 6  
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME ALMEIDA, ABNER  
STREET ADDRESS 4815 N.W. 79TH AVE., #6  
CITY-ST-ZIP MIAMI FL 33166

TITLE VSD  
NAME ALMEIDA, MARLI F  
STREET ADDRESS 4815 N.W. 79TH AVE., #6  
CITY-ST-ZIP MIAMI FL 33166

TITLE D  
NAME PAOLUCCI, MAURICIO  
STREET ADDRESS 4815 NW 79 AVE., #6  
CITY-ST-ZIP MIAMI FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAOLUCCI, MAURICIO

Date

1/7/99

Daytime Phone #

305/494-1404

0182337

CR2E034 (11/98)