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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthain 🛶

Secretary of State **DIVISION OF CORPORATIONS** 

1997

DOCUMENT # P96000087069 (6)

**HAMTHOM EXPORT TRADING CORPORATION** 

## **FILED** Jun 09 1997 8:00am Secretary of State



| Principal Place of Business   | Mailing Address            |  |                    |           |          |  |
|---|----------------------------|--|--------------------|-----------|----------|--|
| 1960 NW 78TH AVE.<br>MIAMI FL 33126   |                            | 1380 NW 78TH AVE.<br>MIAMI FL 33126-1606 |                    |           |          |  |
| · .   |                            |  |                    |           |          | 3. Date incorporated or Qualified 3a. Date of Last Report 10/22/1996               |
| 2. Principal Place of Business  |                            | 2a. Mailing Address                      |                    |           | •        | 4. FEI Number Applied For  |
| 21  |                            | 26                                       |                    |           |          | 65-0704043 Not Applicable  |
| Suite, Apt. #, etc.   |                            | Suite, Apt. #, etc.                      |                    |           |          | 5. Certificate of Status Desired S8.75 Additional Fee Required                     |
| City & State  |                            | City & State                             |                    |           | *****    | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| Zip   | Country                    | Zip Coun                                 |                    | intry     |          | 8. This corporation has liability for intangible tax under s. 199.032,             |
| training the second  | 25                         | 29                                       | 30                 |           |          | Florida Statutos Yes No  |
|   | and Address of Current     | negistered Agent                         |                    | 81        | Name     | 10. Name and Address of New Registered Agent                                       |
| RODRIGUEZ, H  |                            |  |                    | 01        | ivanie   |  |
| 555 NW 15TH ST., APT. 17K   |                            |  |                    | 82        | Street A | Address (P.O. Box Number is Not Acceptable)  |
| MIAMI FL 33132  |                            |  | 83                 |           |          |  |
|   |                            |  |                    |           |          |  |
|   |                            |  |                    | 84        | City     | FL 85 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 Signative, typed or printed name of registered agent and take if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  |                            |  |                    |           |          |  |
| 12.   | OFFICERS AND               |  | 13.                |           |          | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                  |
| TITLE DPS   |                            | DELETE                                   | 111)               | TL F      |          | Change Addition  |
|   | EZ, HAMLET                 |  | 1.2 N/             | <b>ME</b> |          |  |
| STREET ADDRESS 555 NE 15TH ST., APT. 17K  |                            |  | 13 STREET ADDRESS  |           | ADDRESS  |  |
| CITY-ST-ZIP MIAMI FL  | 33132                      |  | 1.4 Cf             | TY-S      | T-ZIP    |  |
| TITLE DVT   | 01440 ID                   | ☐ DELETE                                 | 2 1 TI             |           | Ì        | Change L Addition  |
| OLBE, THOMAS JR.  |                            |  |                    | 2.2 NAME  |          |  |
| STREET ADDRESS 11285 SW 40TH LN. CITY-ST-ZIP MIAMI FL 33165   |                            |  | 2.3 STREET         |           |          |  |
| TITLE MEAMI TL  | 33 (63                     | DELETE                                   | 2, 4 CI<br>3,1 TII |           | 1 · Z(P  | Channe Mulling   |
| NAME  |                            |  | 3.1 III            |           |          | Change Addition  |
| STREET ADDRESS  |                            |  |                    |           | ADDRESS  |  |
| CITY-ST-ZIP   |                            |  | 3.4 CI             |           |          |  |
| TITLE   |                            | DELETE                                   | 4.1 [1]            |           |          | Change Addition  |
| NAME  |                            |  | 4.2 N              |           |          |  |
| STREET ADDRESS  |                            |  | 4.3 ST             | REFT.     | ADDRESS  |  |
| CITY-ST-ZIP   |                            |  | 4.4 CF             | IY-SI     | 1 - 71P  |  |
| TITLE   |                            | DELETE                                   | 5.1 117            | LE        |          | ☐ Change ☐ Addition  |
| NAME  |                            |  | 5.2 NA             | ME        |          |  |
| STREET ADDRESS  |                            |  | 5.3 \$1            | REET      | ADDRESS  |  |
| CITY-ST-ZIP   | <del>-</del>               |  | 5.4 CI             | TY-ST     | - ZIF    |  |
| TITLE   |                            | ☐ DELETE                                 | 6.1 7/7            | LE        | [        | ☐ Change ☐ Addilion  |
| NAME  |                            |  | 6.2 NA             | ME        | ·        |  |
| STREET ADDRESS  |                            |  | 6.3 ST             | REE1 /    | ADDRESS  |  |
| CITY-ST-ZIP   | the information as made of | tale thin filter at a control of         | 6.4 CIT            | IY-51     | - ZiF    | 440.07/0// 51  |

trans ming does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the formulation and accurate and that my signature shall have the same legal effect as if made under eath; that decider of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name an attacking on with an address. information indicated on this annual report of lam an officer or director of the corporation cappears in Block 12 or Block 13 if changed