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

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	PROFIT	FLORIDA DEPAR	RTMENT OF STATE		
CORPORATION		Katheri	ne Harris	G11 FD	
			y of State	FILED	
1999 DIVISION OF CORP			CORPORATIONS	99 APR 30 PM 3:	51
DOCUMENT # POGODOGREAG				99 MLW 20 111 -	
DOCUMENT # P9600098646 1. Corporation Name HAMPTON BRIDGE INVESTMENTS, INC.				STATE	
				CACAGAIN OF STATE TALLAHASSEE, FLORIDA	
				1 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881	ANGER (1848) (1844) O rgan O rgan (1844) (1844)
Principal Place of Business Mailing Address					
343 ALMERIA AVENUE POST OFFICE BOX 144479 CORAL GABLES FL 33134 CORAL GABLES FL 33114-44					
SOURCE GROCES TE SOURT				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
2 Principal P	lace of Business	2a. Mailing Address		12/05/1996 4. FEI Number	Applied For
21	lace of Besiliess	26		NOT APPLICABLE	Not Applicable
		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Flection Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation owes the current year	Added to Fees
24	25	— ·	30	Personal Property Tax	[] Yes [] No
7	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Register	ed Agent
AME	RILAWYER CHARTERED		81 Name Spi	egel & litrera P A	
	ALMERIA AVENUE		82 Street Add	egel & Utrera, P.A.	
	AL GABLES FL 33134		83 34	3 Almeria Avenue	
					.,
			84 City C	oral Gables / / F	85 ZIP CPde 4
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Ftorida Statute		poration submits this statement for the purpose on's board of directors. Thereby accept the app	of changing its registered
office of re agent. I a	egistered agent, or both, in the St m familiar wi st or darges t the S i	rte over brida. Such change was au i ggrego di S ection 19 7. 0 605, Flor	utnorized by the corporati rida Statutes.	ion's board of directors. Thereby accept the app	pointment as registered
SIGNATURE	By:	144		1128199	
12.	Signature, typed or printed nation of egiptings	AND DIRECTORS	President	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	[] DELETE	11 TIFLE	ι	☐ Change ☐ Addition
NAME	SANCHEZ, ELSIE		1.2 NAME	50000286	82651
STREET ADDRESS	343 ALMERIA AVENUE		13 STREET ADDRESS		-01139013 0 ****150.00
CITY-ST-ZIP	CORAL GABLES FL 33134	F) DELCAR	1.4 CITY-ST-ZIP	****150_0	
TITLE NAME		[] DELETE	21 TITLE 22 NAME		Change Addition
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	31 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		florer.	34 CITY-ST-ZIP		
TITLE		[] DELETE	4 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			4 2 NAME 4 3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		[] DELETE	51 TITLE		[]Change []Addition
NAME			5 2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		[] DELETE	61 TITLE		[] Change Addition
NAME OTDEET ADDRESS			62 NAME 63 STREET ADDRESS		~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
STREET ADDRESS			03 SINEC I ALLMESS		u, "

14. I hereby certify that the information supplied with this filing does not quality 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 on the receiver or trusted 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 or an attachment with an address with all other like empowered.

SIGNATURE:

INA TURE AND TYPED OR PRINTED NAME OF BISMING OFFICER OR DIRECTOR

4/28/99

Daytime Phone #

D2E034 /11/0