1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90014 018 ***150.00

1, Corporation	MENT # S70437 HAMI APARTMENTS INC.	•							
Principal Place	e of Business	Mailing Address) 1 0011019 115 10011 60111 01300 151	ii iddi Bisii a	IDIT BEBLI DIBIT BE	
13155 SW 132N	ID AVE	13155 SW 132ND AVENUE	13155 SW 132ND AVENUE						
MIAMI FL 33186		MIAMI FL 33186				DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualifed	IE IN ITIIS	SFACE	
						08/02/1991			
Principal P	lace of Business	2a. Mailing Address				4, FEI Number		Ap	plied For
21		26				65-0285345		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22	الم تعديدية التي التستيد التي التسدي	27				5. Certificate of Status Desired	<u> </u>	Fee Re	quìred
City & Stat	e	City & State				6. Election Campaign Financing	П	\$5.00	- 1
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Žip		untry		8. This corporation owes the curre	ent year Int	angible Yes	□No
24	25 9 Name and Address of Curre	29 29 20 Agent	30	 .		Personal Property Tax. 10. Name and Address of New R	tegistered		
	g. Name and Address of Cure	int vedisteren våent		81 Na		10. Hame and Address of New .	.ug.u.u		
KUKER, HOWARD L.									
9200	S. DADELAND BLVD.		82 Street Ad			ss (P.O. Box Number is Not Accepta	ible)		
SUIT	E 508	•		83	_				
MIAN	AI FL 33156			104				85 Zip (- Odo
				84 Ci	ty		FL	_ 65 Zip (2008
office or r	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obligations of the state o	of Florida. Such change was a ations of, Section 607.0505, Flo	authorize orida Sta	d by the tutes.	corporation	ation submits this statement for the 's board of directors. I hereby acception when reinstating)	purpose or of the appoi	ntment as re	registered gistered
12.		ND DIRECTORS	13.		ature required v	ADDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 T					☐ Change	Addition
NAME	MARTINO, ANSELME		1.2 N	AME					
STREET ADDRESS	13155 SW 132ND AVENUE		1.3 5	TREET ADD	RESS				
CITY-ST-ZIP	MIAMI FL	•	1.4 0	TY-ST-ZIP					
TITLE	D	☐ DELETE	2.1 T	ITLE				☐ Change	☐ Addition
NAME	MARTINO, SALOMON	•	2.2 N	IAME	1				
STREET ADDRESS			2.3 8	TREET ADD	RESS				
C/TY-ST-ZIP	MIAMI FL		_	CITY-ST-ZIF					
TITLE	. D	DELETÉ	3.1 T	TTLE .		·* ·	- 1-	☐ Change	Addition
NAME	MARTINO, EDWARD E.		- 1	IAME					
STREET ADDRESS	ş ·			TREET ADD			,		
CITY-ST-ZIP	MIAMI FL	□ pereze		CITY-ST-ZIP				☐ Change	Addition
TITLE		☐ DELETE		ITLE	}			□ change	
NAME				NAME	nece				
STREET ADDRESS				TREET ADD	NE33				
CITY-ST-ZIP TITLE		DELÉTE	_	TTY-ST-ZIP	_			☐ Change	[] Addition
NAME				IAME					
STREET ADDRESS				TREET ADD	RESS	•			}
CITY-ST-ZIP			5.4 0	ITY-ST-ZiP					ł
TITLE		☐ DELETE	6.17	ΠLE				Change	Addition
NAME			6.21	IAME					
STREET ADDRESS			6.3 \$	TREET ADD	RESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

(305) 255-0855