FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED
95 MAY -1 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S82230 (1)

1. Corporate Name
HAMILTON POINTE HOLDINGS CORP.

Principal Place of Business
848 BRICKELL AVE.
SUITE 810
MIAMI FL 33131

Mailing Address
848 BRICKELL AVE.
SUITE 810
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1991
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business
21
22 Suite, Apt. # or
23 City & State
24 25

2a. Mailing Address
26
27 Suite, Apt. # or
28 City & State
29 30

4. FEI Number: 65-0292952 — 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. Has corporation met criteria to qualify as a small business under § 288.703(6) Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
GORSON, MATTHEW B.
1221 BRICKELL AVE.
24TH FLOOR
MIAMI FL 33131

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 Section 607.0505 and 607.1008, 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 my position as registered agent pursuant to Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TYPE	DP
NAME	D'AGOSTINO, FRANCO
STREET ADDRESS	848 BRICKELL AVE. STE. 810
CITY, ST, ZIP	MIAMI FL 33131
TYPE	VP
NAME	D'AGOSTINO LUIS ALBERTO
STREET ADDRESS	848 BRICKELL AVE. STE. 810
CITY, ST, ZIP	MIAMI FL 33131
TYPE	~~VPAS~~
NAME	~~COLBERT DE D'AOSTINO SUSAN E.~~
STREET ADDRESS	~~848 BRICKELL AVE. STE. 810~~
CITY, ST, ZIP	~~MIAMI FL 33131~~
TYPE	VP
NAME	D'AGOSTINO LUIS ALFREDO
STREET ADDRESS	848 BRICKELL AVE. STE. 810
CITY, ST, ZIP	MIAMI FL 810
TYPE	VPST
NAME	PADEZ EDUARDO
STREET ADDRESS	848 BRICKELL AVE. STE. 810
CITY, ST, ZIP	MIAMI FL 33131
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS AND CHANGES TO OFFICERS AND DIRECTORS

TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		☒ Change ☐ Addition
NAME	(Delete)	
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE	AS	☐ Change ☒ Addition
NAME	Gregory R. Francuz	
STREET ADDRESS	848 Brickell Ave, Ste 810	
CITY, ST, ZIP	Miami, FL 33131	

14. I hereby certify that the information supplied with this report, individually furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained in the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on an attached sheet with an address.

SIGNATURE: Gregory R. Francuz — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-95 — DATE

(305) 377-8333 — DAYTIME PHONE #

0130907 CP