

**FILE NOW: FILING FEE-AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northing  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 11 PM 3:33**

**DOCUMENT # V38098 (2)**

1. Corporation Name  
**HAMILTON INVESTMENTS, INC.**

Principal Place of Business      Mailing Address  
**3915 BISCAYNE BLVD      3915 BISCAYNE BLVD  
MIAMI FL 33137      MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/21/1992      02/07/1994**

4. FEI Number      Applied For  
**65-0333519      Not Applicable**

5. Certificate of Status Desired            **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing            **\$5.00 May Be  
Trust Fund Contribution      Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032.  
Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**LOPEZ, JUAN  
3915 BISCAYNE BLVD  
2ND FLOOR  
MIAMI FL 33137**

10. Name and Address of New Registered Agent

81 Name      **Frank Mendez**

82 Street Address (P.O. Box Number is Not Acceptable)      **3915 Biscayne Blvd.**

83      **4th. Floor**

84 City      **Miami**      85 Zip Code      **FL 33137**

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 agent 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      (NOTE: Registered Agent signature required when re-registering)      DATE

12. OFFICERS AND DIRECTORS

TITLE      **DCP**

NAME      **ESPIN, ROBERTO**

STREET ADDRESS      **3915 BISCAYNE BLVD.**

CITY - ST - ZIP      **MIAMI FL**

TITLE      **DV**

NAME      **HENRY, CUADRA**

STREET ADDRESS      **3915 BISCAYNE BLVD.**

CITY - ST - ZIP      **MIAMI FL**

TITLE      **DS**

NAME      **MOHAMAD, LUCIA**

STREET ADDRESS      **3915 BISCAYNE BLVD.**

CITY - ST - ZIP      **MIAMI FL**

TITLE      **DV**

NAME      **LUIS, ALVAREZ**

STREET ADDRESS      **3915 BISCAYNE BLVD.**

CITY - ST - ZIP      **MIAMI FL**

TITLE      **DT**

NAME      **JUAN, LOPEZ**

STREET ADDRESS      **3915 BISCAYNE BLVD.**

CITY - ST - ZIP      **MIAMI FL**

TITLE      \_\_\_\_\_

NAME      \_\_\_\_\_

STREET ADDRESS      \_\_\_\_\_

CITY - ST - ZIP      \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE       Change       Addition

1.2 NAME      \_\_\_\_\_

1.3 STREET ADDRESS      \_\_\_\_\_

1.4 CITY - ST - ZIP      \_\_\_\_\_

2.1 TITLE       Change       Addition

2.2 NAME      \_\_\_\_\_

2.3 STREET ADDRESS      \_\_\_\_\_

2.4 CITY - ST - ZIP      \_\_\_\_\_

3.1 TITLE       Change       Addition

3.2 NAME      **Delete S.**

3.3 STREET ADDRESS      \_\_\_\_\_

3.4 CITY - ST - ZIP      \_\_\_\_\_

4.1 TITLE       Change       Addition

4.2 NAME      \_\_\_\_\_

4.3 STREET ADDRESS      \_\_\_\_\_

4.4 CITY - ST - ZIP      \_\_\_\_\_

5.1 TITLE       Change       Addition

5.2 NAME      **Secretary**

5.3 STREET ADDRESS      \_\_\_\_\_

5.4 CITY - ST - ZIP      \_\_\_\_\_

6.1 TITLE       Change       Addition

6.2 NAME      \_\_\_\_\_

6.3 STREET ADDRESS      \_\_\_\_\_

6.4 CITY - ST - ZIP      \_\_\_\_\_

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Juan A. Lopez*      3/15/95      305-576-7440

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT      (Date)      (Telephone Number)