

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90207 014 \*\*\*150.00

DOCUMENT # **V38098**

1. Corporation Name

**HAMILTON INVESTMENTS, INC.**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/21/1992**

4. FEI Number

**65-0333519**

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. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

Principal Place of Business

Mailing Address

**3915 BISCAYNE BLVD  
MIAMI FL 33137**

**3915 BISCAYNE BLVD  
MIAMI FL 33137**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MENDEZ, FRANK  
3915 BISCAYNE BLVD  
4TH FLOOR  
MIAMI FL 33137**

81 Name **Guy Junger**

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

84 City **Miami,**

**FL**

85 Zip Code  
**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 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 *Guy Junger*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DCP** ☐ DELETE  
NAME **ESPIN, ROBERTO**  
STREET ADDRESS **3915 BISCAYNE BLVD.**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **DV** ☐ DELETE  
NAME **HENRY, CUADRA**  
STREET ADDRESS **3915 BISCAYNE BLVD.**  
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **V**  
2.3 STREET ADDRESS **Cuadra, Enrique**  
2.4 CITY-ST-ZIP **3915 Biscayne Blvd.  
Miami, FL 33137**

TITLE **DV** ☐ DELETE  
NAME **LUIS, ALVAREZ**  
STREET ADDRESS **3915 BISCAYNE BLVD.**  
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **V**  
3.3 STREET ADDRESS **Alvarez, Luis**  
3.4 CITY-ST-ZIP **3915 Biscayne Blvd.  
Miami, FL 33137**

TITLE **TDS** ☐ DELETE  
NAME **LOPEZ, JUAN**  
STREET ADDRESS **3915 BISCAYNE BLVD.**  
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **T/D/S/V**  
4.3 STREET ADDRESS **Lopez, Juan**  
4.4 CITY-ST-ZIP **3915 Biscayne Blvd.  
Miami, FL 33137**

TITLE **D** ☒ DELETE  
NAME **MOHAMAD, LUCIA**  
STREET ADDRESS **3915 BISCAYNE BLVD**  
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **D**  
5.3 STREET ADDRESS **Jackson, Shaun**  
5.4 CITY-ST-ZIP **3915 Biscayne Blvd.  
Miami, FL 33137**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **D**  
6.3 STREET ADDRESS **Star, William**  
6.4 CITY-ST-ZIP **3915 Biscayne Blvd.  
Miami, FL 33137**

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.

SIGNATURE:

*Juan A Lopez*  
Signature, typed or printed name of signing officer or director  
Date **4/29/99** Daytime Phone # **(305) 576-1115**

CR2E034 (11/98)