

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra G. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:50

DOCUMENT # **458482** (7)

1. Corporation Name  
**HEMISPHERE SUPPLY, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**14010 N.W. 6 COURT NORTH MIAMI FL 33168 US**

3. Date Incorporated or Qualified **07/23/1974** 3a. Date of Last Report **01/21/1994**  
4. FEI Number **59-1541677** Applied For  Not Applicable   
5. Certificate of Status: Dissolved  **\$8.75** Annual Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
8. This corporation files liability for intangible tax under 388.003, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt #, etc. 26. Suite, Apt #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent  
**RICH, BRUCE  
101 NE 163 ST  
MIAMI FLORIDA 33162**

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 Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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 \_\_\_\_\_  
Registered Agent or principal officer of registered agent, and fee, if applicable. \_\_\_\_\_  
Registered Agent for prior registered agent, if applicable. \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	<b>P</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICH, BRUCE</b>	2. NAME	
STREET ADDRESS	<b>101 N.E. 163 STREET</b>	3. STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL</b>	4. CITY, ST, ZIP	
TITLE	<b>S</b>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICH, ELIZABETH</b>	22. NAME	
STREET ADDRESS	<b>101 N.E. 163 STREET</b>	23. STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL</b>	24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, 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 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE: *Bruce Rich Bruce Rich* 1-11-95 305 688-6382  
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR