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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 179486 (6)

1. Corporation Name
HEMISPHERES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3701 NW 8. RIVER DR<br>MIAMI FL 33142<br>US | ~~P.O. BOX 141017~~<br>~~CORAL GABLES FL 33114-1017~~<br>~~US~~ |

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 PO BOX 330363 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 MIAMI FLORIDA |
| Zip 24 / Country 25 | Zip 29 33233 / Country 30 DADE. |

3. Date Incorporated or Qualified: 07/02/1954
3a. Date of Last Report: 05/16/1996
4. FEI Number: 59-0775225 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $5.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALVARADO, FREDY
2717 ANDERSON RD
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name ROBINSON, ROSITA
82 Street Address (P.O. Box Number is Not Acceptable) 2450 SW 21 TH AVENUE.
83
84 City MIAMI FL 85 Zip Code 33145

11. Pursuant to the p[illegible]ons of Sections [illegible].0502 and [illegible].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, my position as registered agent, pursuant to Florida Statutes.

SIGNATURE Rosita Robinson 04/30/97
Signature of Registered Agent — NOTE: Registered Agent signature required when reinstating — Date

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS |
|---|---|---|
| TITLE | SD | ☐ DELETE |
| NAME | ROBINSON, ROSITA | |
| STREET ADDRESS | 100 SW 20 RD BOX #B | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VD | ☒ DELETE |
| NAME | ~~ALVARADO, FREDY~~ | |
| STREET ADDRESS | ~~2717 ANDERSON RD~~ | |
| CITY-ST-ZIP | ~~CORAL GALES FL~~ | |
| TITLE | SD | ☐ DELETE |
| NAME | ROBINSON, ROCIO D. | |
| STREET ADDRESS | 100 SW 20 RD BOX 3B | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | TD | ☐ DELETE |
| NAME | ROBINSON, JOSE LUIS | |
| STREET ADDRESS | 100 SW 20 RD | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|---|---|
| 11 TITLE | ☐ Change ☐ Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | ☐ Change ☐ Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | ☐ Change ☐ Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | ☐ Change ☐ Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | ☐ Change ☐ Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | ☐ Change ☐ Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

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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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 asterisk.

SIGNATURE: Rosita Robinson 04/30/97 (305) 2268644
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] — Date — Telephone Number