

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 28 AM 9:14

DOCUMENT # 425780

(4)

1. Corporation Name

HEMISPHERE TRADING INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 560336
MIAMI FL 33256-0336

P.O. BOX 560336
MIAMI FL 33256-0336

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 560336

26 P.O. Box 560336

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

24 Zip

25 Country

29 Zip

30 Country

33156

25 AAZE

29 33156

30 DAGE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEORGE, HENRY
13121 SOUTHWEST 70 AVENUE
MIAMI FL 33156

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 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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when resigning.

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS AND DIRECTORS (If any)

14 TITLE

P

15 NAME

GEORGE, HENRY

16 STREET ADDRESS

13121 SOUTHWEST 70 AV

17 CITY - ST - ZIP

MIAMI FL

18 TITLE

19 NAME

20 STREET ADDRESS

21 CITY - ST - ZIP

22 TITLE

23 NAME

24 STREET ADDRESS

25 CITY - ST - ZIP

26 TITLE

27 NAME

28 STREET ADDRESS

29 CITY - ST - ZIP

30 TITLE

31 NAME

32 STREET ADDRESS

33 CITY - ST - ZIP

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45 CITY - ST - ZIP

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12 NAME

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16 NAME

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27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY - ST - ZIP

39 TITLE

40 NAME

41 STREET ADDRESS

42 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 119 07(9)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

6/22/95

(305) 232-1572