

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 16 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719950 (8)

1. Corporation Name

THE HEMISPHERES SOCIAL CLUB, INC.

Principal Place of Business

Mailing Address

C/O DOROTHY ROSS
1985 S. OCEAN DR., APT. 5N
HALLANDALE FL 33009-5939

C/O DOROTHY ROSS
1985 S. OCEAN DR., APT. 5N
HALLANDALE FL 33009-5939

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1970

3a. Date of Last Report

03/29/1994

4. FEI Number

23-7313568

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. SAME AS

26. SAME AS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. ABOVE

27. ABOVE

City & State

City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSS, DOROTHY
1985 SOUTH OCEAN DRIVE
APT # 5N
HALLANDALE FL 33009

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROSS, DOROTHY
STREET ADDRESS 1985 S. OCEAN DR., APT 5N
CITY-ST-ZIP HALLANDALE FL

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

☐ Change ☐ Addition

TITLE VD
NAME GOLDMAN, HAROLD
STREET ADDRESS 1980 S. OCEAN DR. APT 21L
CITY-ST-ZIP HALLANDALE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ~~VD~~
NAME ~~WONG, AB~~
STREET ADDRESS ~~1985 S. OCEAN DR., APT 5N~~
CITY-ST-ZIP ~~HALLANDALE FL~~

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VDVP
NAME LEITSTEIN, JEANNE
STREET ADDRESS 1980 S OCEAN DR APT MP
CITY-ST-ZIP HALLANDALE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME DON, MARY C
STREET ADDRESS 1980 S OCEAN DR APT 7Q
CITY-ST-ZIP HALLANDALE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME KAUFMANN, EDYTHE
STREET ADDRESS 1980 S OCEAN DR APT 20F
CITY-ST-ZIP HALLANDALE FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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 617, 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

DOROTHY ROSS

3/7/95

Date

(305) 456-2335

Daytime Phone