


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership HEMISPHERE CENTER, LTD.		1a. DOCUMENT # A21377			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 NOV 30 PM 3:19



Mailing Address 12955 BISCAYNE BLVD. SUITE 314-A NORTH MIAMI FL 33181		Principal Office Address 12955 BISCAYNE BLVD. SUITE 314-A NORTH MIAMI FL 33181		3. Date Formed or Registered 12/04/1985		5a. Capital Contributions as Shown on record. \$1,160,000.00	
2. Mailing Address 2666 TIGERTAIL AVE SUITE 109 MIAMI, FL 33133 USA		2a. Principal Office Address 2666 TIGERTAIL AVE SUITE 109 MIAMI, FL 33133 USA		3a. Date of Last Report 12/01/1997		5b. Amount of Capital Contributions in FLORIDA to date: 300,000	
				4. State or Country of Formation FL			
				6. FEI Number 59-2630238		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)							

9. Name and Address of Current Registered Agent KRUSS, ANDREW 12955 BISCAYNE BLVD. #314 NORTH MIAMI FL 33181		10. If changed, new Registered Agent/Office Name: ANDREW KRUSS Street Address (P.O. Box Number Is Not Acceptable): 2666 TIGERTAIL AVE Suite, Apt. #, etc.: SUITE 109 City: MIAMI FL Zip Code: 33133	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) [Signature] DATE 11/24/98

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) TERREMARK AT HEMISPHERE INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 12955-BISCAYNE-BLVD., 2666 TIGERTAIL AVE SUITE 109		11b. City, State & Zip Code NORTH MIAMI-FL MIAMI, FL		11c. Registration/Document Number M23977	
7000002707637-4 -12/09/98--01080--026 *****535.00 *****535.00							

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE [Signature] DATE 11/24/98
 Typed or Printed Name of General Partner Signing Form ANDREW KRUSS Daytime Telephone Number 305 858-1188

CR2E003 (8/98)