

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. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # K91419

(7)

95 JUN 28 AM 9:24

1. Corporation Name

THE HEMS GROUP INC.

Principal Place of Business

PO BOX 560336
 MIAMI FL 33156
 US

Mailing Address

PO BOX 560336
 MIAMI FL 33156
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1989

3a. Date of Last Report

07/15/1994

4. FEI Number

65-0126038

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**

8. This corporation has liability for intangible tax under s. 199.09?

Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 **P.O. Box 560339**

Suite, Apt. #, etc.

22

City & State

23 **MIAMI, FLORIDA**

Zip

24 **33156**

Country

25 **USA**

2a. Mailing Address

26 **P.O. Box 560339**

Suite, Apt. #, etc.

27

City & State

28 **MIAMI, FLORIDA**

Zip

29 **33156**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**GEORGE, HENRY
13121 SW 70 AVE
MIAMI FL 33156**

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 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 the 1 applicable:

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP
**D
 GEORGE, HENRY
 13121 SW 70 AVE
 MIAMI FL**

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

TITLE
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 STREET ADDRESS
 CITY, ST, ZIP

TITLE
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 CITY, ST, ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY, ST, ZIP

21 TITLE
 22 NAME
 23 STREET ADDRESS
 24 CITY, ST, ZIP

31 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY, ST, ZIP

41 TITLE
 42 NAME
 43 STREET ADDRESS
 44 CITY, ST, ZIP

51 TITLE
 52 NAME
 53 STREET ADDRESS
 54 CITY, ST, ZIP

61 TITLE
 62 NAME
 63 STREET ADDRESS
 64 CITY, ST, ZIP

☐ Change ☐ Addition

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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 110.07(3)(b), Florida Statutes. I further certify that the information indicated in 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:

Henry George
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/95 (for) **232-1572**
 DATE DAYTIME PHONE #