

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M35881 (5)

1. Corporation Name

HEMISPHERES FOOD MARKET, INC.



Principal Place of Business

1950 S. OCEAN DR.
HALLANDALE FL 33009

Mailing Address

1950 S. OCEAN DR.
HALLANDALE FL 33009

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

SINGH, KIT
1950 S. OCEAN DR.
HALLANDALE FL 33009

3. Date Incorporated or Qualified

07/29/1986

3a. Date of Last Report

04/21/1995

4. FEI Number

59-2715921

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

SUBHAS C. HARRIPRASAD

82 Street Address (P.O. Box Number is Not Acceptable)

6940 NW 12 TH STREET

83

84 City

PLANTATION

FL

85 Zip Code

33313

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

Subhas C. Hariprasad

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

(NOTE: Registered Agent signature required when registering)

3-16-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SINGH, KIT
STREET ADDRESS 1950 S. OCEAN DR.
CITY-ST-ZIP HALLANDALE FL ☒ DELETE

TITLE SD
NAME SINGH, JAGDAYE
STREET ADDRESS 1950 S. OCEAN DR.
CITY-ST-ZIP HALLANDALE FL ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME SUBHAS C. HARRIPRASAD
1.3 STREET ADDRESS 6940 NW 12 TH STREET
1.4 CITY-ST-ZIP PLANTATION FL 33313 ☐ Change ☒ Addition

2.1 TITLE SD
2.2 NAME KAMAL M. HARRIPRASAD
2.3 STREET ADDRESS 6940 NW 12 TH STREET
2.4 CITY-ST-ZIP PLANTATION FL 33313 ☐ Change ☒ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Subhas C. Hariprasad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-96

(305) 456-5006

DATE

Original Phone #

CR2E034 (12/95)