FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:44

DOCUMENT # **P03354** **(8)**

1. Corporation Name
HEMISPHERE SERVICES, INC.

Principal Place of Business	Mailing Address
5757 BLUE LAGOON DRIVE #360 MIAMI FL 33126	5757 BLUE LAGOON DRIVE #360 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/12/1984**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

4. FEI Number: **23-2227378** ☐ 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. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

TIMM, DONALD H.
C/O HEMISPHERE SERVICES, INC.
5757 BLUE LAGOON DRIVE, #360
MIAMI FL 33126

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	☐ Change ☐ Addition
NAME	VERGARA, LUISA F.	1.2 NAME	
STREET ADDRESS	5757 BLUE LAGOON DR #360	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	TIMM, DONALD H.	2.2 NAME	
STREET ADDRESS	5757 BLUE LAGOON DR #360	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	☐ Change ☐ Addition
NAME	VERA, SORAYA G	3.2 NAME	
STREET ADDRESS	5757 BLUE LAGOON DR #360	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	DVS	4.1 TITLE	☐ Change ☐ Addition
NAME	PREVIDI, RICHARD	4.2 NAME	
STREET ADDRESS	5757 BLUE LAGOON DR S360	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	DP	5.1 TITLE	☐ Change ☐ Addition
NAME	VOURVOULIAS, JASON L.	5.2 NAME	
STREET ADDRESS	5757 BLUE LAGOON DR. #360	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	DC	6.1 TITLE	☐ Change ☐ Addition
NAME	DIEZ, ALFREDO J	6.2 NAME	
STREET ADDRESS	5757 BLUE LAGOON DR., SUITE 360	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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: Soraya G. Vera, SORAYA G. VERA, ASSISTANT SECRETARY — APRIL 6, 1995 — (305) 261-3733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

012348 CR

P03354

ATTACHMENT TO FLORIDA CORPORATION ANNUAL REPORT 1995

HEMISPHERE SERVICES, INC.
5757 BLUE LAGOON DRIVE
SUITE 360
MIAMI, FL 33126

DOCUMENT NO. P03354 (8)

13. CHANGES TO OFFICERS AND DIRECTORS IN 12.

7.1	TITLE	VP
7.2.	NAME	PAGE, MAURICE
7.3	STREET ADDRESS	5757 BLUE LAGOON DRIVE SUITE 360
7.4	CITY-ST-ZIP	MIAMI, FL 33126
7.1	TITLE	AVP
7.2.	NAME	CATHCART, WILLIAM K.
7.3	STREET ADDRESS	5757 BLUE LAGOON DRIVE SUITE 360
7.4	CITY-ST-ZIP	MIAMI, FL 33126