

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																													
DOCUMENT # P03354 (8) 1. Corporation Name HEMISPHERE SERVICES, INC.																																																																	
Principal Place of Business 5757 BLUE LAGOON DRIVE SUITE 360 MIAMI, FL 33126			Mailing Address 5757 BLUE LAGOON DRIVE SUITE 360 MIAMI, FL 33126																																																														
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 9/12/1984 3a. Date of Last Report April 1996 Applied For Not Applicable																																																													
4. FEI Number 23-2227378		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 DONALD H. TIMM c/o HEMISPHERE SERVICES, INC. 5757 BLUE LAGOON DRIVE SUITE 360 MIAMI, FL 33126			10. Name and Address of New Registered Agent 81 Name SORAYA G. VERA 82 Street Address (P.O. Box Number is Not Acceptable) Same 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. SORAYA G. VERA, Legal Administrator DATE: 04/25/97																																																																	
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14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. SORAYA G. VERA, Assistant Secretary SIGNATURE: <i>Soraya G. Vera</i> DATE: April 25, 1997 SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																	

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Daytime Phone #
(305) 261-3933