

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

**FILED**

**Jan 24 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 # P35932 (3)**  
1. Corporation Name  
**F.A. BENEVENTO & CO., INC. - NAME CHANGED TO:  
HEMISPHERE INVESTMENT CORPORATION**



Principal Place of Business Mailing Address  
**180 ROYAL PALM WAY STE 211 PALM BEACH FL 33480 US**  
**180 RROYAL PALM WAY STE 211 PALM EBAGH FL 33480-4254 US**

3. Date Incorporated or Qualified **10/15/1991** 3a. Date of Last Report **04/23/1996**

2. Principal Place of Business 2a. Mailing Address  
21 **180 ROYAL PALM WAY** 26 **180 ROYAL PALM WAY**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **52-1630131** Applied For Not Applicable

22 **211** 27 **211**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **PALM BEACH, FL** 28 **PALM BEACH, FL**  
City & State City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **33480-425A** 25 **USA** 29 **33480-425A** 30 **USA**  
Zip Country Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**BENEVENTO, FRANK A II  
100 WORTH AVENUE  
SUITE 516  
PALM BEACH FL 33480**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**190 VIA PALMA**  
83  
84 City **PALM BEACH** FL 85 Zip Code **33480**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENEVENTO, FRANK A, II</b>	1.2 NAME	
STREET ADDRESS	<b>100 WORTH AVE</b>	1.3 STREET ADDRESS	<b>190 VIA PALMA</b>
CITY-ST-ZIP	<b>PALM BEACH FL</b>	1.4 CITY-ST-ZIP	<b>PALM BEACH, FL 33480</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENEVENTO, FRANK A III</b>	2.2 NAME	
STREET ADDRESS	<b>121 WEST 69TH ST</b>	2.3 STREET ADDRESS	<b>11 W. 69TH #7A</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	2.4 CITY-ST-ZIP	<b>NK NK 10023</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>600002068696</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-01/27/97--01006--026</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***165.00</b>

14. I do hereby 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.

SIGNATURE: **Frank A. Benevento III** 1/13 212-885-4341  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)