

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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000068721 (8)

1. Corporation Name

TRADING HEMISPHERE, CORP.

Principal Place of Business

7835 WEST 29TH LANE
#201
HIALEAH FL 33016

Mailing Address

7835 WEST 29TH LANE
#201
HIALEAH FL 33016



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1993

4. FEI Number

65-0443937

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 2250 NW 96 AVENUE

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FLORIDA

Zip

24 33172

Country

25 USA

2a. Mailing Address

26 18127 NW 66 CT

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FLORIDA

Zip

29 3301

Country

30 USA

9. Name and Address of Current Registered Agent

NARVAEZ, OSCAR F
7835 WEST 29TH LANE
#201
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name

NARVAEZ, OSCAR F.

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

18127 NW 66 CT

83

84

City

MIAMI

FL

85

Zip Code

33015

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
NARVAEZ, OSCAR F
7835 WEST 29TH LANE #201
HIALEAH FL 33016

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
NARVAEZ, SANDRA V
7835 WEST 29TH LANE #201
HIALEAH FL 33016

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PTD
NARVAEZ, OSCAR F.
18127 NW 66 CT
MIAMI, FL 33015

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
SD
NARVAEZ, SANDRA V
18127 NW 66 CT
MIAMI, FL 33015

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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

01/24/98 13:01:22-1996

CR2E034 (10/97)