PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400034690

1. Corporation Name

HEMISPHERES AFFAIRS, INC.

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90035 022 ***158.75



Principal Place of Business	Mailing Address			EDISO ITIIL DIESE OSIIS IOILI SOIT SEDI
P.O. BOX 14-4977	P.O. BOX 14-4977			
CORAL GABLES FL 33114-4977 CORAL GABLES FL 33114-4977		77		
,			DO NOT WRITE IN 1	HIS SPACE
			3. Date Incorporated or Qualifed 05/09/1994	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0490735	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
- City & State	City & State		6 Election Compaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year	ar Intangifole
2425	29	0	Personal Property Tax.	Mayes □No
9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	red Agent
ALVADADO FORDY		81 Name		
ALVARADO, FREDY	÷	82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
2717 ANDERSON RD.			, ,	
CORAL GABLES FL 33134		83		
Λ		84 City		85 Zip Code
l II.				FLIII
11. Pursuant to the provisions of Sections 607.050 office or registered agent or both, in the State agent. I am familiar with and accept the obligations.	02 and 607.1508, Florida Statutes of Florida Such change was aut	, the above-named corp norized by the corporation	poration submits this statement for the purpos on's board of directors. I hereby accept the	e of changing its registered ppointment as registered
agent. I am familiar with and accout the obliga	ations of, Section 607.0505, Florid	la Statutes.	وأبينيميد	1/00
SIGNATURE DIONAL CHE	A TOPOTAL		MAICH (2	13/14
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Signature, typed of pripted harde of registered age		egistered Agent signature require		S AND DIRECTORS IN 12
Signature, typed of printer hand of registered age 12. OFFICERS AF	ent and title if applicable. NO DIRECTORS DELETE	13.	ad when reinstating) ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12 Change Addition
12. OFFICERS AN	NE DIRECTORS			
12. OFFICERS AND NAME ALVARADO, FREDY	NE DIRECTORS	13. 1.1 TITLE 1.2 NAME		
12. OFFICERS AND ALVARADO, FREDY STREET ADDRESS 2717 ANDERSON RD.	NE DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		
12. OFFICERS AT TITLE NAME STREET ADDRESS CITY-ST-ZIP SIGNATURE SUPPLY AND CORAL GABLES FL 33134	NE DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
12. OFFICERS AND TITLE D. ALVARADO, FREDY STREET ADDRESS 2717 ANDERSON RD. CITY-ST-ZIP CORAL GABLES FL 33134 TITLE D	NO DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
12. OFFICERS AND TRUE OFFICERS OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF	NO DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
12. OFFICERS AND PROPERTY OFFICERS OF PROPERTY OFFICERS OF PROPERTY OFFICERS OF PROPERTY OF PR	NO DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition
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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 suppliemental 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR