

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000035046 (9)

1. Corporation Name

HEMISPHERE INVESTMENTS, INC.



Principal Place of Business

1101 BRICKELL AVE  
STE. 1000  
MIAMI FL 33131  
US

Mailing Address

1101 BRICKELL AVE  
STE 1000  
MIAMI FL 33131  
US

3. Date Incorporated or Qualified  
05/10/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FINCH, PHILLIP R  
201 E. PINE ST.  
SUITE 1200  
ORLANDO FL 32801

81 Name

Marc Thomas

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

6 Hemisphere Investments, Inc

83

1101 Brickell Avenue #1000 North Trade

84 City

Miami

FL

85 Zip Code

33131

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

Marc Thomas

1/17/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME NELSON, JERRY  
STREET ADDRESS 1101 BRICKELL AVE, #1000  
CITY- ST- ZIP MIAMI FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE DP  
NAME BUTLER, DAVID  
STREET ADDRESS 1101 BRICKELL AVE, #1000  
CITY- ST- ZIP MIAMI FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE DVP  
NAME HADDEN, JAMEY  
STREET ADDRESS 1101 BRICKELL AVE, #1000  
CITY- ST- ZIP MIAMI FL

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

TITLE DS  
NAME MILLER, TY  
STREET ADDRESS 1101 BRICKELL AVE, #1000  
CITY- ST- ZIP MIAMI FL

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

TITLE DT  
NAME THOMAS, MARC  
STREET ADDRESS 1101 BRICKELL AVE, #1000  
CITY- ST- ZIP MIAMI FL

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

TITLE D  
NAME HOLZEMER, BEN  
STREET ADDRESS 1101 BRICKELL AVENUE, #1000  
CITY- ST- ZIP MIAMI FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc Thomas

Date:

1/17/96 305-877-8607

Daytime Phone #

CR2E034 (12/95)