


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90220 012 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000035046

1. Corporation Name
HEMISPHERE INVESTMENTS, INC.



Principal Place of Business 200 E. BROWARD BLVD. #1200 FT. LAUDERDALE FL 33301 US	Mailing Address 200 E. BROWARD BLVD. #1200 FT. LAUDERDALE FL 33301 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 200 N. Andrews Ave Suite, Apt. #, etc. 22 3rd Floor City & State 23 Ft. Lauderdale, FL Zip 24 33301 Country 25 USA	2a. Mailing Address 26 200 N. Andrews Ave Suite, Apt. #, etc. 27 3rd Floor City & State 28 Ft. Lauderdale, FL Zip 29 33301 Country 30 USA	3. Date Incorporated or Qualified 05/10/1994	4. FEI Number 65-0492136	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent NEUKAMM, MICHAEL E 201 E. PINE STREET STE. 1200 ORLANDO FL 32801	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CFO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CGO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLINS, HARVEY	1.2 NAME	BEN HOLZEMER
STREET ADDRESS	1561 NW 101 WAY	1.3 STREET ADDRESS	408 SEVEN ISLES DRIVE
CITY-ST-ZIP	PLANTATION FL 33322	1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	TS <input type="checkbox"/> DELETE	2.1 TITLE	D/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROLLINS, HARLEY	2.2 NAME	Jerry Nelson
STREET ADDRESS	1561 NW 101 WAY	2.3 STREET ADDRESS	8711 E. PINNACLE PEAK ROAD
CITY-ST-ZIP	PLANTATION FL 33322	2.4 CITY-ST-ZIP	SCOTTSDALE, AZ 85255
TITLE	DCEO <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLZEMER, BEN	3.2 NAME	Thomas Rinderknecht
STREET ADDRESS	408 SEVEN ISLE DR.	3.3 STREET ADDRESS	Beethovenstrasse 7, Postfach 7451
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	Zurich CH-8022 Switzerland
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLUGMAN, NORMAN	4.2 NAME	Tim McCarthy
STREET ADDRESS	610 SADDLEVIEW CT.	4.3 STREET ADDRESS	346 KENSINGTON High Street
CITY-ST-ZIP	ATLANTA GA 30350	4.4 CITY-ST-ZIP	LONDON W14 8NS United Kingdom
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRINGTON, JOHN	5.2 NAME	KEVIN sara
STREET ADDRESS	VICTORIA LODGE, HERMITAGE WALK	5.3 STREET ADDRESS	1, St. Martin's-le-Grand
CITY-ST-ZIP	LONDON E18 2BN	5.4 CITY-ST-ZIP	LONDON, EC1A 4NP United Kingdom
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	T/S/CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Harley Rollins
STREET ADDRESS		6.3 STREET ADDRESS	1561 NW 101 Way
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Plantation FL 33322

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, with all other like empowered.

SIGNATURE: *Harley Rollins* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 954-712-0502
Date Daytime Phone #

CR2E034 (11/98)