

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 AM 8:31

DOCUMENT # P94000084128 (5)

1. Corporation Name

HEMISPONO INCORPORATED

Principal Place of Business

**175 FONTAIBLEAU BLVD., SUITE 2J4
MIAMI FL 33172-4511**

Mailing Address

**175 FONTAIBLEAU BLVD., SUITE 2J4
MIAMI FL 33172-4511**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1994

3a. Date of Last Report

4. FEI Number

65-0547010

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

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. The corporation has liability for intangible tax under S. 199.079,
Florida Statutes ☐ Yes ☒ No

21. Suite, Apt. #, etc

26. Suite, Apt. #, etc

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

25. Country

30. Country

9. Name and Address of Current Registered Agent

**CALDIROLA, BEATRIZ M
175 FONTAIBLEAU BLVD., SUITE 2J4
MIAMI FL 33172-4511**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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 registering

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**CALDIROLA, BEATRIZ M
175 FONTAIBLEAU BLVD., SUITE 2J4
MIAMI FL 33172-4511**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**FERNANDEZ, ANTONIO
175 FONTAIBLEAU BLVD., SUITE 2J4
MIAMI FL 33172-4511**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

**TREASURER/ SECRETARY
CALDIROLA, BEATRIZ M.
175 Fontainebleau Blvd. (Ste. 2J4)
Miami, FL 33172**

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

**VICE-PRESIDENT
FERNANDEZ, ANTONIO
175 Fontainebleau Blvd. (Ste. 2J4)**

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

**PRESIDENT
JURE, JORGE A.
175 Fontainebleau Blvd. (Ste. 2J4)**

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

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

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)(b), 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 person or persons 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 PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

JORGE A. JURE 4/25/95 (305) 554-5444