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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000028379 (2)

1. Corporation Name
THE HEMISPHERE CONSULTING GROUP, INC.

Principal Place of Business
4809 UNIVERSITY DR
CORAL GABLES FL 33146

Mailing Address
4809 UNIVERSITY DR
CORAL GABLES FL 33146-1152



3. Date Incorporated or Qualified 04/11/1995
3a. Date of Last Report 06/11/1996

4. FEI Number 65-0570954
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 4809 University Dr.
Suite, Apt. #, etc.

22 City & State
23 Coral Gables

24 Zip 33146
25 Country

26 Mailing Address
27 Suite, Apt. #, etc.

28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Gernold Schreiber, Esq.
82 Street Address (P.O. Box Number is Not Acceptable) 890 S. DIANE HWY
83 Coral Gables
84 City FL 85 Zip Code 33146

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 B. Schreiber
Signature typed & printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE APRIL 8/1997

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	CUERVOD, ALICIA M	4809 UNIVERSITY DR	CORAL GABLES FL 33146	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
	CUERVOD, ALICIA M	4809 UNIVERSITY DR	CORAL GABLES, FL 33146	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					

14. I do 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 in an attachment with an address.

SIGNATURE: [Signature]
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE 4/7/97 DAYTIME PHONE 6089846

CR2E034 (9/96)