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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000040693 (9)

HEMISPHERE FINANCIAL CORP.

FILED Apr 30 1997 8:00am Secretary of State

POTO KUREDLY DONEDVADO 22/22 CTC TO DI - 9070 KIN	nddress 350~B BERLY BOULEVARD 23 NTON EL 33434-2861	natore est	4.7	1 6 5 17 1 6 16 1 9 5 17 6 2 17 10 15 15 15 11 11 1 1 1 1 1 1 1 1 1 1 1
Boo	ca daton, fl.	33478	Date Incorporated or Qualified 05/07/1996	3a. Date of Last Report
	ng Address	· cally	4. FEI Number	Applied For Not Applicable
	Apt. #, etc.	Company of		\$8.75 Additional
22 350-B 27	50-B 27		5. Certificate of Status Desired	Fee Required
City & State			6. Election Campaign Financing	\$5.00 May Be
Zip Spuntry Zip	Co	untry	Trust Fund Contribution  8. This corporation has liability for	Added to Fees
24 33 4 × 8 25 Palm Brach 29	30	si a y		Yes No
o. Name and Address of Current Registered			10. Name and Address of New Re	gistered Agent
BREGG, HERBERT SUITE 57 9070 KIMBERLY BOULEVARD BOCA RATON FL 33434		84 City	EJEAN-PIERRE ess (P.O. Box Number is Not Acceptate TNW GELADA	ple)
11. Pursuant to the provisions of Sections 607.0502 and 607.150 office or registered agent, or both, in the State of Florida. Su agent. I am familiar with, and accept the obligations of, Sect SIGNATURE ANDRE JEAN-WELLT.	ion 607.0505, Florida Sta	bove-name, corporation to the co	oration submits this statement for the pion's board of directors. I hereby acce	
SIGNATURE AND E SAN - WELLER Signature. typad or printed name of registered agent and fills if a pulle  OFFICERS AND DIRECTORS	atile (NOTE Bygister	ed Agent signature require	ed when reinstating)  ADDITIONS/CHANGES TO OFFICE	PEDS AND DIDECTORS IN 12
TITLE DAGE SELLE	DELETE 1.1.3	IILE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME STREET ADDRESS DITY-ST-ZIP  DEAR RATON, F.C.	1.21	IAME		
STREET ADDRESS & ALL ALL & & DA.	135	TREET ADDRESS		
CITY-ST-ZIP BOCA RATON, F.L.	3347 A 141	OTY-ST-ZIP		
NAME ANDLE JEAN- PIERRE	DELETE 211			Change
NAME ANDLE JEAN-PERLO	F 221	EAME		
STREET ADDRESS 5077 NW 26 DR.		CITY-ST-ZIP		
TITLE CORAL SPAINES, 6"L.	DELETE 311			Change Addition
NAME	3.21	IAMI		
STREET ADDRESS	3.3	STREET ADDRESS		
CITY-ST-ZIP	3.4	CITY-ST-ZIP		
TITLE	☐ DELETE 4.1°	THE		Change Addition
NAME	4.2	NAME		
STREET ADDRESS	4.3	STREET ADDRESS		
CITY-\$T-ZIP		CITY - S1 - ZIP		
TITLE	DELETE 51	ITLE		Change Addition
NAME	1	NAME		j
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		Change Addition
TITLE		INTE		LI Change LI Audition
NAME		NAME		
STREET ADDRESS	6.3	STREET ADDRESS		

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 thistee 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.