

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000016360 (4)

1. Corporation Name  
HEMISPHERE INSURANCE GROUP, INC.

Principal Place of Business

11800 SW 47TH TERR.  
MIAMI FL 33165

Mailing Address

11800 SW 47TH TERR.  
MIAMI FL 33165

98 JUL 30 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1997

4. FEI Number

65-0729010

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 1301 NW 89th Court

2a. Mailing Address

26 1301 NW 89th Court

Suite, Apt. #, etc.

22 Suite 207

Suite, Apt. #, etc.

27 Suite 207

City & State

23 Miami FL

City & State

28 Miami FL

Zip

24 33172

Country

25

Zip

29 33172

Country

30

9. Name and Address of Current Registered Agent

MONTE, ARMANDO S  
11800 SW 47TH TERR.  
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
1301 NW 89th Court

83 Suite 207

84 City  
Miami

FL

85 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

ARMANDO S MONTE

07/06/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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.

SIGNATURE

ARMANDO S MONTE - PRESIDENT 07/06/98

(305)718-9558

CR2E034 (5/98)

(2)

# HEMISPHERE INSURANCE GROUP, INC.

1301 N.W. 89th Court, Suite 207  
Miami, Florida 33172

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July 6th, 1998

Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, Florida 32302-1500

RE: 1998 Annual Report

Dear Sir/Madam:

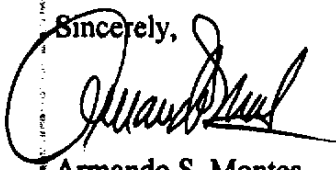
Please be advised that on April 23rd, 1998 we submitted our 1998 Annual Report along with a check in the amount of \$150.00 made payable to the Department of State. However, much to our dismay, we received the attached **second notice** and were told when we called the Department of State that our original report along with the payment had not been received.

As advised per Elizabeth, from the Department of State, we are resubmitting this **second notice** along with a letter of explanation and another check in the amount of \$150.00 in order to have our corporation activated.

Your cooperation in straightening out our situation is appreciated.

Thank you.

Sincerely,



Armando S. Montes  
President

enc.