## 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 # V30299

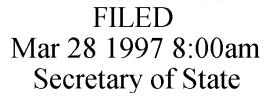
(4)

HEMISPHERE MANAGEMENT AND CONSULTING, INC.

Principal Place of Business	
P.O. BOX 810064 BOCA RATON FL 33481-0064	

Mailing Address

P.O. BOX 810064 BOCA RATON FL 33481-0064





**3a.** Date of Last Report **05/01/1996** 

3. Date Incorporated or Qualified

04/22/1992

	ince or pasiross	- wishing A	adieas			4. (Citoniosi	}	opiled For	
21		26				65-0339554	No.	ot Applicable	
Suite, Apl.	#, etc.	Suite, Apt	. #, etc.			5. Certificate of Status Desired		Additional equired	
City & State	0	City & Sta	le			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution		to Fees	
Ζφ 24	Country Zip Cou			Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
<del></del>	9. Name and Address of	Current Registered Ager	nt	1		10. Name and Address of New Registers	d Agent		
1174	AMA, IGNACIO	······································	<del></del>	81	Name				
21682 SAN SIMEON CIRCLE BOCA RATON FL 33433					82 Street Address (P.O. Box Number is Not Acceptable)				
					02 Street Address (F.O. Box Number is Not Acceptable)				
501				83					
							<del></del>		
				84	City	F	<b>85</b> Zip	Code	
11. Pursuant	to the provisions of Sections 6	07.0502 and 607.1508. Fi	orida Statutes.	the above	e-named corpo			ts registered	
office or r	egistered agent, or both, in th	e State of Florida. Such cl	nange was auth	orized by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the a	ppointment as	registered	
agent La	m familiar with, and accept th	e obligations of, Section 6	07.0505, Florida	a Statutes	S.				
SIGNATURE	Part of the second seco		WOTE D			d when reinstating) DATE			
12.	Signature, typed or pricted name of requi	RS AND DIRECTORS	(NOTE HE	13.	eniuper erutangia tra	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 12	
TITLE	DP		DELETE	1.1 TITLE		ADDITIONS/OFFANGES TO STITLE TO A	Change	Addition	
NAME	LIZAMA, IGNACIO LUIS	Ļ.		1.2 NAME	Ì		,		
STREET ADDRESS	% 4875 N. FED. HWY,1	n Fi		1.3 STREET	annarce				
CITY-ST-ZIP	FT LAUDERDALE FL	016		1.4 CITY - S					
TITLE	LI DAODEUDATE LE		DELETE	2.1 TITLE	11.511		☐ Change	Addition	
NAME /	}	<b>L</b> .ml	DECENE	2.2 NAME	}				
STREET ADDRESS				2.3 STREET	Annesse				
City-S1-ZiP				2 4 CITY-	· 1				
TITLE			DELETE	3.1 TITLE	37-61		Change	Addition	
NAME (		_	, 01111	3.2 NAME	1				
STREET ADORESS				3.3 STREET	ADDRESS				
CHY-ST-7IP				3.4. CITY-:	1				
TILLE	· · · · · · · · · · · · · · · · · · ·		DELETE	4.1 TITLE		<del>, , , , , , , , , , , , , , , , , , , </del>	Change	Addition	
NAME		-		4.2 NAME	}		- •	- <del></del>	
STREET ADORESS			i	4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY-S					
TITLE			DELETE	5 1 TITLE			Change	Addition	
NAME				52 NAME	1		_		
STREET ACCRESS		-		5.3 STREET	ADDRESS	·			
CITY-SI-ZIP				5.4 CITY-S					
THE			DELETE	6 1 TITLE			Change	Addition	
NAME				6.2 NAME	-		-		
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY - S1 - ZIF				6.4 CiTY-S					
14. I do herel	by certify that the information	supplied with this filing do	es not qualify fo	or the exe	mption stated	in Section 119.07(3)(i), Florida Statutes. I furt	ner certify that	the	
informatio	on indicated on this annual rep	ort or supplemental annua	al report is true	and accu	urate and that	my signature shall have the same legal effect as required by Chapter 607, Florida Statutes	as if made un	ider oath; that	