

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:31

DOCUMENT # V62581 (6)

1. Corporation Name
WESTERN HEMISPHERE TRADING CORP.

Principal Place of Business: **21300 SAN SIMEON WAY #R-10
NORTH MIAMI BEACH FL 33179**
Mailing Address: **21300 SAN SIMEON WAY #R-10
NORTH MIAMI BEACH FL 33179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/09/1992** 3a. Date of Last Report: **07/11/1994**

4. FEI Number: **65-0354599** Applied For: Not Applied For:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. **\$5.00 May Be Added to Fees**

7. This Corporation has elected the procedure for transfer of 100 (117) Florida Statutes: Yes No

21. Principal Place of Business	26. Mailing Address
22. State, Apt. # etc.	27. State, Apt. # etc.
23. City & State	28. City & State
24. Title	25. Name
29. Title	30. Name

9. Name and Address of Current Registered Agent
**NELSON, GARRY
801 BRICKELL AVE
9TH FLOOR
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Accepted)
83. City
84. State
85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 of Registered Agent)
_____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
12.1 NAME	D DIAMOND, ANDREA C 21300 SAN SIMEON WAY NORTH MIAMI BCH FL	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	D DIAMOND, MARC ALLEN 21300 SAN SIMEON WAY NORTH MIAMI BCH FL	13.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME		13.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME		13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME		13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME		13.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME		13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 NAME		13.8 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and does not qualify for the exemption stated in Section 119 (2)(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. 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 as changed or on an addition with an address.

SIGNATURE: *Andrea Diamond* **ANDREA DIAMOND** 06/27/95 375.0747
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CR2E034 (3-95)