

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 200433 (1)
1. Corporation Name
HIDDEN PINES, INC.

Principal Place of Business Mailing Address
3030 MARCOS ROAD, POINT EAST
SECT.4, BLDG.T.APT.#304
NORTH MIAMI BEACH FL 33160
3030 MARCOS ROAD, POINT EAST
SECT.4, BLDG.T.APT.#304
NORTH MIAMI BEACH FL 33160



3. Date Incorporated or Qualified 03/02/1957 3a. Date of Last Report 06/20/1995
4. FEI Number 59-6075585 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 2a. Mailing Address
21 12340 NE 6TH CT 26 12340 NE 6TH CT
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 NORTH MIAMI, FL 28 NORTH MIAMI, FL
Zip Country Zip Country
24 33161 25 USA 29 33161 30 USA

9. Name and Address of Current Registered Agent
FOX, MORRIS
3030 MARCOS ROAD, POINT EAST
SECT.4, BLDG.T.APT.#304
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2751 NE 183RD ST
83 UNIT 503
84 City NORTH MIAMI BEACH FL 85 Zip Code 33160

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 607.0504, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

(PAT)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, MORRIS	1.2 NAME	
STREET ADDRESS	3030 MARCOS RD. APT. 304	1.3 STREET ADDRESS	2751 NE 183RD ST #503
CITY-ST-ZIP	NORTH MIAMI BCH FL	1.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

893-1356

Date

Day/Year/Phone #

CR2E034 (12/95)