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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 389126

(4)

1. Corporation Name
HESCO SALES, INC.

Principal Place of Business

% MICHAEL UDELL
8505 NW 74 STREET
MIAMI FL 33166

Mailing Address

% MICHAEL UDELL
8505 NW 74 STREET
MIAMI FL 33166-2327



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

09/29/1971

3a. Date of Last Report

03/14/1996

4. FEI Number

59-1700672

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

9. Name and Address of Current Registered Agent

TANEN, JEFFREY S
STE 3250 ONE BISCAYNE TOWER
2 S BISCAYNE BLVD
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

Signature typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent Signature required when not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
ACOSTA, GLADYS
STREET ADDRESS
7905 NW 184 TERR.
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
SD
ACOSTA-JIMENEZ, BLANCA
STREET ADDRESS
8505 NORTHWEST 74TH STREET
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
V
ACOSTA, ERNESTO
STREET ADDRESS
1840 WEST 84TH STREET
CITY-ST-ZIP
HIALEAH FL

TITLE ☐ DELETE

NAME
PD
ACOSTA, EVELIO
STREET ADDRESS
7905 NW 184 TERR.
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
V
MARCANO, EDLSY
STREET ADDRESS
6340 MOULTRIE PLACE
CITY-ST-ZIP
MIAMI LAKES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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]

1/23/97

1305-1592-0242

CR2E034 (9/96)