

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT

1984



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

JUL 11 12 33 PM 1984

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:		2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient	
389126 HESCO SALES, INC. 4125 EAST 11TH AVENUE HIALEAH, FLORIDA		Street Address P.O. Box No. City State Zip Code	
If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.			

3. Date Incorporated or Qualified To Do Business in Florida	07/29/1971	4. Federal Employer Identification Number (EIN)	59-3700672	5. Date of Last Report	08/22/1983
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6. Names and Street Addresses of Each Officer and Director, as of December 31, 1983

	Name of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
1	ACOSTA, GLADYS	T/D	8315 WEST 18TH LANE DR	HIALEAH, FL	0000
2	ACOSTA, CARMEN	S/D	1401 EAST 6TH AVENUE	HIALEAH, FL	0000
3	ACOSTA, ERNESTO	V	1840 WEST 84TH STREET	HIALEAH, FL	0000
4	ACOSTA, EVELIO	P/D	4125 EAST 11TH AVENUE	HIALEAH, FL	0000
					200002415122

Registered Agent Information

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
ACOSTA, EVELIO 4125 EAST 11TH AVENUE HIALEAH, FL 33013	Name Street Address (Do NOT Use P.O. Box Number) City, State and Zip Code

9. Pursuant to the provisions of Sections 807.034 and 807.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on _____

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

10. See signature restrictions under instructions on reverse side of this form
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 807 F.S.
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath

Signature	Date
<i>Evelio Acosta</i>	JUNE 22/84
Typed Name of Signing Officer	Telephone Number
EVELIO ACOSTA	305-685-7168
Title	
President	

11. Should you desire a certificate of status check the box below and include an additional \$3.00 with your payment

CERTIFICATE OF STATUS DESIRED ☐
\$3 Additional fee required for certificates.