

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

pg. 1/2

97 JUL 30 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000049449 (0)**

1. Corporation Name
HIDECO INTERNATIONAL INC.

Principal Place of Business

**3901 NW 77 AVE.
MIAMI FL 33166
US**

Mailing Address

**3901 NW 77 AVE.
MIAMI FL 33166
US**

2. Principal Place of Business

21
Suite, Apt. #, etc.

City & State

23
Zip

Country

2a. Mailing Address

26
Suite, Apt. #, etc.

City & State

28
Zip

Country

3. Date Incorporated or Qualified

07/15/1993

3a. Date of Last Report

08/08/1996

4. FEI Number

65-0431446

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

g. Name and Address of Current Registered Agent

**HINDS, GREGG
1242 DREXEL AVE.
UNIT 201
MIAMI BEACH FL 33139**

81. Name

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

83.

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HINDS, RONALD B	
STREET ADDRESS	15920 W PRESTWICK PL	
CITY-ST-ZIP	MIAMI LAKES FL 33014	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HINDS, MIRIAM S	
STREET ADDRESS	15920 W PRESTWICK PL	
CITY-ST-ZIP	MIAMI LAKES FL 33014	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HINDS, GREGG	
STREET ADDRESS	23144 POST GARDENS WAY, S-518	
CITY-ST-ZIP	BOCA RATON FL 33433	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HINDS, RICK	
STREET ADDRESS	14422 ROSEWOOD RD	
CITY-ST-ZIP	MIAMI LAKES FL 33014	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	600002258316--9
1.3 STREET ADDRESS	-08/05/97--01083--004
1.4 CITY-ST-ZIP	****173.75 ****173.75

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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. 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.

CR2E034 (4/97)

B. Mortham
7/30/97

7/23/97 305-212-3444

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DATE: 7/23/97

TO: DIVISION OF CORPORATION

FROM: ARIELA MARS

RE: EXTREME DISTRIBUTION AND HIDECO INTERNATIONAL

BACK IN APRIL I A CHECK TO PAY FOR OUR FILING FEES FOR EXTREME DISTRIBUTIONS (P960000068920) AND HIDECO INTERNATIONAL (P93000049449). I PAID \$165.00 * 2 FOR THESE FEES. A COUPLE OF DAYS AGO I RECEIVED 2ND NOTICES FOR THESE COMPANIES REGARDING THEIR FILLING FEES. I CALLED THE NUMBER ON THE APPLICATION AND THEY ADVICE ME TO RESEND PAYMENT FOR \$165 AND TO WRITE A LETTER. I DON'T KNOW WHAT HAPPENED TO THE PAYMENT BUT I WOULD LIKE TO PAY ONCE AGAIN THESE FILLING FEES. PLEASE, LET US KNOW IF THIS IS O.K. IT MUST HAVE BEEN LOST IN THE MAIL. I RECALL SENDING IT SOMETIME AROUND APRIL 15, 1997.

THANK YOU,

A handwritten signature in black ink, appearing to read "Ariela Mars".

ARIELA MARS
CFO