

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000032135 (3)

1. Corporation Name

HOT RIDE, INC.



Principal Place of Business

6245 N.W. 9TH AVE.
FT. LAUDERDALE FL 33309

Mailing Address

6245 N.W. 9TH AVE.
FT. LAUDERDALE FL 33309

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FARBSTEIN, DAVID R
2765 W. CYPRESS CREEK ROAD
FT. LAUDERDALE FL 33309

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 607.0602 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 607.0602, Florida Statutes.

SIGNATURE

SIGNATURE OF REGISTERED AGENT

SIGNATURE OF OFFICER OR DIRECTOR

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME LABIDOU, MARK

STREET ADDRESS 6245 N.W. 9TH AVE. 800 NE NAB Rd

CITY-STATE-ZIP FT. LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

1. NAME

1. STREET ADDRESS

1. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

2. NAME

2. STREET ADDRESS

2. CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

3. NAME

3. STREET ADDRESS

3. CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

4. NAME

4. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

5. NAME

5. STREET ADDRESS

5. CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

6. NAME

6. STREET ADDRESS

6. CITY-STATE-ZIP

7. TITLE ☐ Change ☐ Addition

7. NAME

7. STREET ADDRESS

7. CITY-STATE-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 19.07(3)(g), 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 addition filed with an address.

SIGNATURE: MARC LABIDOU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

300001764063
-04/01/96--01022--029
***200.00

3-12-96 979-6706
SG 3-30-96

CR2E034 (12/95)