FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1997

DOCUMENT # P95000036080 (6)

HOT POWDER, INC.

DIVISION OF CORPORATIONS

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Piac	e of Business	Mailing Address				
l						
701 MERIDIAN	AVE.	701 MERIDIAN AVE. #5			: [
MIAMI BEACH	FL 33 139	MIAMI BEACH FL 33139-6	114		·	
				:	 Date Incorporated or Qualified 05/04/1995 	3e. Date of Last Report 05/01/1996
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			APPLIED FOR	Not Applicable
I Suite Ant	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			G. Communic of charge bearing	Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23	Country	28	Count		Trust Fund Contribution	Added to Fees
Zip	}	Zip	Countr	У	This corporation has liability fo The ide Contains	r intangible tax under s. 199.032,
24	9. Name and Address of Current	29] Registered Agent	30		Florida Statutes 10. Name and Address of New R	
DEO		Hogietoi eu Agent	8	Name	10, Marite and Address of New P	is gistored Agent
	NICANO, CHRISTOPHER J MR.			Ttarile		
	NISTA PARK		83	2 Street A	Address (P.O. Box Number is Not Accepta	able)
FIL	AUDERDALE FL 33308		8:			
•			"	^		
			84	City		FL 85 Zip Code
•11. Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statu	tes the shor	/e-named	corporation submits this statement for the	
office or r	egistered agent, or both, in the State of	f Florida. Such change was	authorized t	by the corp	corporation submits this statement for the poration's board of directors. I hereby according	ept the appointment as registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Fi	orida Statule	98.		
SIGNATURE	Signature, typod or printed name of registered agent	and title if sonicable (NO	IF: Registered A	nent sinnature	required when reinstating)	DATE
12.	OFFICERS AND		13.	g	ADDITIONS/CHANGES TO OFF	· · · · · · · · · · · · · · · · · · ·
TITLE	Ρ	☐ DELETE	1.1 TITLE	I		Change Addition
NAME	BRANTMEYER, BOB		1.2 NAME	1		ľ
STREET ADDRESS	1201 RIVER REACH DR., #505		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33315		1.4 CITY-	ST-ZIP		·
TITLE	V	DELETE	2.1 TITLE			Change Addition
NAME	JETT, RICH		2.2 NAME	ĺ		
STREET ADDRESS	1401 BAYVIEW DR., #5		2.3 STREE	T ADDRESS	0000022	2212906
CITY-ST-ZIP	FT LAUDERDALE FL 33304		2. 4 CITY	-ST-ZIP		/9701057001
TITLE	\$	DELETE	3.1 TITLE		*****1	S. DO MARGO ES DEGREE
NAME	PERNICANO, CHRIS		3.2 NAME			
STREET ADDRESS	701 MERIDIAN AVE., \$5		3.3 STREE	T ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		3.4. CITY	ST-ZIP		J
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME	:		
STREET ADDRESS			4.3 STREE	T ADDRESS		
CTY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		DELET e	5 1 TITLE			Change Addition
T RAME			5.2 NAME			Į.
STREET ADDRESS			5 3 STREE	T ADDRESS		j
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME	ł		<u> </u>
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP	_		6.4 CHY-	ŞT-ZIP		1

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 of an attachment with an address.