

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000040790 (4)

1. Corporation Name

HIDAS INVESTMENTS, INC.

Principal Place of Business

7328 S.W. 48TH ST.
MIAMI FL 33155

Mailing Address

7328 S.W. 48TH ST.
MIAMI FL 33155



2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt., Rm., etc.

State, Apt., Rm., etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ACKERMAN, STEVEN M
7328 S.W. 48TH ST.
MIAMI FL 33155

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 607.011(2) and 607.012, 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 is being made by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.011(2) and 607.012, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

TITLE

P/D

[] DELETED

NAME

Steven M Ackerman

STREET ADDRESS

7328 S W 48 Street

CITY, ST, ZIP

Miami, FL 33155

TITLE

[] DELETED

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

[] DELETED

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

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NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

[] DELETED

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

[] DELETED

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

[] Change

[] Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

[] Change

[] Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

[] Change

[] Addition

9. NAME

10. STREET ADDRESS

11. CITY, ST, ZIP

[] Change

[] Addition

12. TITLE

13. NAME

14. STREET ADDRESS

15. CITY, ST, ZIP

[] Change

[] Addition

16. TITLE

17. NAME

18. STREET ADDRESS

19. CITY, ST, ZIP

[] Change

[] Addition

20. TITLE

21. NAME

22. STREET ADDRESS

23. CITY, ST, ZIP

[] Change

[] Addition

14. I am hereby certify that the information supplied with this filing is true and correct, and that I am an officer or director of the corporation or the person or persons 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 omitted from the previous filing.

SIGNATURE:

Steven M Ackerman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96

663-0055

FILED IN

CR2E034 (12/95)