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Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 33155-5523



3. Date Incorporated or Qualified 05/22/1995  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business  
21 239 W Mowry Street  
Suite, Apt. #, etc.  
22  
City & State  
23 Homestead, Florida  
Zip 33030 Country Dade  
24  
2a. Mailing Address  
26 239 W Mowry Street  
Suite, Apt. #, etc.  
27  
City & State  
28 Homestead, Florida  
Zip 33030 Country Dade  
29 30

4. FEI Number 65-0638558  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
ACKERMAN, STEVEN M  
7328 S.W. 48TH ST.  
MIAMI FL 33155  
10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

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 of Steven C. Bateman)  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ACKERMAN, STEVEN M	1.1 TITLE	P Bateman, Steven C.
NAME	7328 SW 48 STREET	1.2 NAME	615 SE 29 Drive
STREET ADDRESS	MIAMI FL 33155	1.3 STREET ADDRESS	Homestead, FL 33033
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Sec
NAME		3.2 NAME	Donna J Bateman
STREET ADDRESS		3.3 STREET ADDRESS	615 S E 29 Drive
CITY- ST- ZIP		3.4 CITY- ST- ZIP	Homestead, FL 33033
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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. 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 attachment with an address.

SIGNATURE: (Signature of Steven C. Bateman)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Steven C Bateman Date 2/24/97 Daytime Phone #

CR2E034 (9/96)