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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P95000095177 (8)

HIDDEN LAKE GROUP, INC.

FILED Jul 01 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address			.B 10101 91101 11011 10011 1001	
12959 S.W 133 CT		12958 S.W 133 CT				
MIAMI FL 33186		MIAMI FL 33186		DO NOT WRITE IN T	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	THOUTAGE	
				12/15/1995		
2. Principal P	ace of Business	2a. Mailing Address	/5	4. FEI Number 45-003/	//3 Applied For	
21 / 3,	150 5W 13	OST 26 13150	2 SW 130	APPLIED FOR	Not Applicable	
Suite, Apt.		Suite, Apt #, etc	: 	5. Certificate of Status Desired	\$8.75 Additional	
City & State	ite 5	City & State	Y-	6 Floring Convenies Financiae	Fee Required	
23 M	AMI F/.	28 M/ B	ni Fl	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	200	Country	8. This corporation owes or has paid the		
24 33	166 25 DADE	29 27/60	5 30 DADE	Personal Property Tax due June 30.	Yes No	
-	9, Name and Address of Cu		3.4 04 33	10. Name and Address of New Registe	red Agent	
	TAH, BASSIL Z	BATTAH BA	551L 81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)						
MIA	MĮ FL 33187 / 2	5/20 20 13	83			
		iuite 5				
	ī	12 AMI F1. 33	186 84 City		FL 85 Zip Code	
11. Pursuant	the prevision of Sections 607	0502 and 607,1508. Florida \$	Statutes, the above-named	corporation submits this statement for the purpo	se of changing its registered	
office or registered agent, or both, it the State of Fiorida. Such change was authorized by the corporation's board of directors. It hereby accept the appointment as registered agent. Lam floring production and product the appointment as registered agent. Lam floring product the product the specific product of the specific product as the specific product of the sp						
SIGNATURE KU 16tV						
Stop dure, typed or \$\piriting frame of register of agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS	AND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS		
TITLE	P P P P P P P P P P P P P P P P P P P	☐ DILET			☐ Change ☐ Addition	
NAME	BATTAH, BASIL		1.2 NAME			
STREET ADDRESS	17825 S.W. 177 AVE.		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33187	DELET	1.4 C(TY-S1-ZIP E 2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		DELET			Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4, CITY-ST-ZIP			
TITLE		L] DELET	4 1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
CITY-ST-ZIP		The street	4.4 CITY- ST- ZIP			
TITLE		DELETI			☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETI	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition	
NAME		Lag blach	6.2 NAME	100002579		
STREET ADDRESS			6.3 STREET ADDRESS	100002579: -07/06/9801007-	-034)//6\	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00	7	
			3. 5111 51 20			

hing doos not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of portion is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual reportion of the con