

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P96000068920 (3)**
1. Corporation Name

EXTREME DISTRIBUTION, INC.

Principal Place of Business

Mailing Address

**3901 NW 77 AVE
MIAMI FL 33166**

**3901 NW 77 AVE
MIAMI FL 33166**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

08/19/1996

4. FEI Number

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

**MARS, GARY
44 W FLAGLER ST 14TH FLOOR
MIAMI FL 33130**

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 607.0502 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D HINDS, GREG**
STREET ADDRESS **3901 NW 77 AVE**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
100002258311--5
-08/05/97--01083--003
*****173.75 ***173.75**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 687, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a statement with an address.

APPROVED
AND
FILED

97 JUL 30 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



pg. 1 of 2

CR2E034 (4/97)

A. Alan
7/20/97

2/23/97 305-212-3444

pg. 2 of 2



DATE: 7/23/97

TO: DIVISION OF CORPORATION

FROM: ARIELA MARS

RE: EXTREME DISTRIBUTION AND HIDECO INTERNATIONAL

BACK IN APRIL I A CHECK TO PAY FOR OUR FILING FEES FOR EXTREME DISTRIBUTIONS (P960000068920) AND HIDECO INTERNATIONAL (P93000049449). I PAID \$165.00 * 2 FOR THESE FEES. A COUPLE OF DAYS AGO I RECEIVED 2ND NOTICES FOR THESE COMPANIES REGARDING THEIR FILLING FEES. I CALLED THE NUMBER ON THE APPLICATION AND THEY ADVICE ME TO RESEND PAYMENT FOR \$165 AND TO WRITE A LETTER. I DON'T KNOW WHAT HAPPENED TO THE PAYMENT BUT I WOULD LIKE TO PAY ONCE AGAIN THESE FILLING FEES. PLEASE, LET US KNOW IF THIS IS O.K. IT MUST HAVE BEEN LOST IN THE MAIL. I RECALL SENDING IT SOMETIME AROUND APRIL 15, 1997.

THANK YOU,

ARIELA MARS
CFO