

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

FILED
Feb 10, 1999 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-10-1999 90026 017 ****150.00

DOCUMENT # F97000001257

1. Corporation Name
WARM CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 9145 SW 166 AVE.
 MIAMI FL 33196

Mailing Address
 9145 SW 166 AVE.
 MIAMI FL 33196

3. Date Incorporated or Qualified
03/12/1997

4. FEI Number
65-0730977 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

7. Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

SANTISTEBAN, NANCY
16600 S.W. 91 TERR.
MIAMI FL 33196

10. Name and Address of New Registered Agent

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE _____ DELETE

NAME **PTS HERNANDEZ, RICARDO**

STREET ADDRESS **9145 SW 166 AVE.**

CITY-ST-ZIP **MIAMI FL 33196**

TITLE _____ DELETE

NAME **V HERNANDEZ, MIRIAM M**

STREET ADDRESS **9145 SW 166 AVE.**

CITY-ST-ZIP **MIAMI FL 33196**

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 _____

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 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, with all other like empowered.

SIGNATURE: *Ricardo Hernandez* **RICARDO HERNANDEZ** 1/23/99 305-388-3498
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)