

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

FILED
Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # G71576 (4)
 1. Corporation Name
ADVANCED ICE SYSTEMS, INC.



Principal Place of Business: **10100 NW 116TH WAY STE. 3 MIAMI FL 33178**
 Mailing Address: **10100 NW 116TH WAY STE. 3 MIAMI FL 33178-1154**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/21/1983	3a. Date of Last Report 03/25/1996
21 State, Apt. #, etc.	26 State, Apt. #, etc.	4. FEI Number 59-2337240		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BODZIN, GARY A. 3050 AVENTURA BLVD. STE. 300 NORTH MIAMI BEACH FL 33180		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 607.1108, 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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME P INGUANZO, OSVALDO M 12032 SW 101 ST. MIAMI FL 33186	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME V INGUANZO, JUANITA 12032 SW 101 ST. MIAMI FL 33186	<input type="checkbox"/> DELETE	1.2 NAME	
12.3 NAME	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
12.4 NAME	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME	<input type="checkbox"/> DELETE	2.1 TITLE	
12.6 NAME	<input type="checkbox"/> DELETE	2.2 NAME	
12.7 NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
12.8 NAME	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME	<input type="checkbox"/> DELETE	3.1 TITLE	
12.10 NAME	<input type="checkbox"/> DELETE	3.2 NAME	
12.11 NAME	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
12.12 NAME	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME	<input type="checkbox"/> DELETE	4.1 TITLE	
12.14 NAME	<input type="checkbox"/> DELETE	4.2 NAME	
12.15 NAME	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
12.16 NAME	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 NAME	<input type="checkbox"/> DELETE	5.1 TITLE	
12.18 NAME	<input type="checkbox"/> DELETE	5.2 NAME	
12.19 NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
12.20 NAME	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.21 NAME	<input type="checkbox"/> DELETE	6.1 TITLE	
12.22 NAME	<input type="checkbox"/> DELETE	6.2 NAME	
12.23 NAME	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
12.24 NAME	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE: **3/12/97** TELEPHONE: **305-888-7600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)