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May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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



DOCUMENT # L75499

1. Corporation Name

K25346

~~PERISHABLE REFRIGERATION, INC.~~
CABINTER MIAMI, INC.

Principal Place of Business

Mailing Address

7200 N.W. 19TH ST.
304
MIAMI FL 33126
US

7200 N.W. 19TH ST.
304
MIAMI FL 33126
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1300 NW 78 Ave

Suite, Apt. #, etc.

22

City & State MIAMI, FLA.

Zip 33126 Country USA

23

24 33126 25 USA

2a. Mailing Address

26 1300 NW 78 Ave

Suite, Apt. #, etc.

27

City & State MIAMI, FLA.

Zip 33126 Country USA

28

29 33126 30 USA

3. Date Incorporated or Qualified
09/11/1989 06/03/1988

4. FEI Number
05-0145514 65-0052638

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALFELD, GARY D. ESQ
2800 DOUGLAS RD
SUITE 905
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DPC ☐ DELETE

NAME DEWITT, CARLOS

STREET ADDRESS 7200 NW 19TH ST. #304

CITY-ST-ZIP MIAMI FL

TITLE DSC ☐ DELETE

NAME KHOURY, WILLIAM M

STREET ADDRESS 6870 SW 45TH LANE #2

CITY-ST-ZIP MIAMI FL

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 DPC ☐ Change ☐ Addition

1.2 NAME DE WIT CARLOS

1.3 STREET ADDRESS 1300 NW 78 Ave

1.4 CITY-ST-ZIP MIAMI FL 33126

2.1 TITLE DSC ☐ Change ☐ Addition

2.2 NAME KHOURY William

2.3 STREET ADDRESS 6030 SW 49 ST

2.4 CITY-ST-ZIP MIAMI, FL 33155

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.

SIGNATURE: William M. Khoury William M. Khoury 4/28/98 (305) 591-4384

CR2E034 (10/97)