

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90221 046 ***150.00

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NEW OR CHANGED BUSINESS REPORT (SBS)

DOCUMENT # P96000016829 ✓
 1. Entity Name Cool World Supplies, Inc

Principal Place of Business 7491 NW 7 St Mailing Address same
Miami, FL 33126

2. Principal Place of Business 3. Mailing Address
 State Apt. #, etc. State Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FPI Number 65-0643087 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Xiques, Alexander I
11257 SW 155 lane
Miami, FL 33157

7. Name and Address of New Registered Agent
 Name Xiques Alexander I.
 Street Address (P.O. Box Number is Not Acceptable) 7491 NW 7 St
 City Miami FL Zip Code 33126

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE X Alexander I. Xiques 4-28-00
Signature added in printed name of registered agent and date it appears NOTE Registered Agent signature required when recapturing DATE

9. This corporation is eligible to elect to satisfy its (reimbursable) Tax filing requirements and elects to do so (See Article on back)

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME <u>Alexander Xiques</u> <input type="checkbox"/> Delete STREET ADDRESS <u>7491 NW 7 St</u> CITY- ST- ZIP <u>Miami FL 33126</u>		TITLE NAME <u>VP. General Manager</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add STREET ADDRESS <u>7491 NW 7 St</u> CITY- ST- ZIP <u>Miami FL 33126</u>	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY- ST- ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY- ST- ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY- ST- ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY- ST- ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Add	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 (7)(3)(D), Florida Statutes. I further certify that the information disclosed on this report or supplemental 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 11 or Block 12 if changed, or on an elector's with full address, with all other full empowered.

SIGNATURE: X Alexander I. Xiques 4-28-00
SIGNATURE AND PRINTED NAME OF SIGNER OFFICER OR DIRECTOR DATE