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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 04 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 340862

(2)

## REFRIGERATION PANELS INC

Principal Place of Business 7215 N.W. 36 AVENUE MIAMI FL 33147		Mailing Address 7215 N.W. 36 AVENUE MIAMI FL 33147-5835		1 (00)91	DI SIBILI SYSHE SIBILI BIBILI BYRK SYSH IBEL	
					3. Date Incorporated or Qualified 01/30/1969	3a. Date of Last Report 04/10/1996
2. Principal Pl	ace of Business	2a. Mailing Address	, .		4. FEI Number 59-1266618	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite. Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z <sub>I</sub> p 24	Country 25	Z <sub>1</sub> p	Count	ry	8. This corporation has liability fo	
	9. Name and Address of Current	<u> </u>	1221	<del></del>	10. Name and Address of New F	
HER	NANDEZ. JUAN		8	1 Name		
7215 N.W. 36TH AVENUE MIAMI FL 33147			8	2 Street Addr	ress (P.O. Box Number is Not Accepta	able)
			8	3		
			8	4 City	1811-1814-1814-1814-1814-1814-1814-1814	FL 85 Zip Code
office or re	to the provisions of Sections 607,0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	t Florida. Such change was	authorized I	by the corporat	poration submits this statement for the tion's board of directors. I hereby acc	purpose of changing its registered ept the appointment as registered
SIGNATURE					·	
	Signaruro, type dior printed name of registered agent		<u>-</u> `	gent signature requir	red when reinstating)	DATE
12.	PD OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF	Change Addition
TITLE	HERNANDEZ, JUAN			1		C Change C Addition
NAME	7215 NW 36TH AVE.		1.2 NAM	4		
STREET ADDRESS	MIAMI FL			ET ADDRESS		
CITY-ST-ZIP TITLE	STD	DELETE	1.4 CiTY 2.1 TITUE	·····		Change Addition
NAME	HERNANDEZ, MERCEDES		2.2 NAM			
STREET ADDRESS	7215 NW 36TH AVE.		1	ET ADDRESS		
CITY-ST-ZIP	MIAMI FL			-ST-ZIP		
TITLE		DELETE	3.1 TITLE	<del></del>		Change Addition
NAME			3.2 NAM	£		_ • -
STREET ADORESS			3.3 STRE	E1 ADDRESS		
CI1Y-\$1-ZIP			3.4. CITY	-ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAN	IE .		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	- ST- ZIP		
TOLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAM	£		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	-ST-ZIP		
THILE		DELETE	6.1 TITL			Change Addition
NAME			6.2 NAM	E		·
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-S1-ZIP			64 DITY	-ST-ZIP	1	

LA CURE AND TYPED OR PRINTED NAME OF SIGNING OFFICES OR DIRECTOR Date Daysers Prices

14. I do hereby certify that the information supplied with this filling 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.