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

FILED Feb 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 340862 REFRIGERATION PANELS INC Principal Place of Business Mailing Address 7215 N.W. 36 AVENUE 7215 N.W. 36 AVENUE MIAMI FL 33147 MIAMI FL 33147 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/30/1969 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 59-1266618 21 Not Applicable Suite, Apt. #, etc. Suite Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 30 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HERNANDEZ. JUAN 7215 N.W. 36TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33147 83 84 City 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 Signature, typed or printed name of registered agent and talk if applicable (NOTE Registered Agent signature required when reinstating) 10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE DELETE 1.1 TITLE Change Addition HERNANDEZ, JUAN NAME 1.2 NAME 7215 NW 36TH AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE STD DELE 1E 2.1 TITLE HERNANDEZ, MERCEDES NAME 2.2 NAME 7215 NW 36TH AVE. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY+ST-7IP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 51 TITLE NAME 52 NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE

6.2 NAME

14. Thereby 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 furstee 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 allachment with an address

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

menedes Terapater **SIGNATURE:**

NAME

STREET ADDRESS

CITY - ST - ZIP

2/6/98 (305) 836-6900