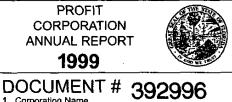
PROFIT CORPORATION ANNUAL REPORT 1999

KIM 'N' LAN. INC.



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

Apr 22, 1999 8:00 am Secretary of State

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Principal Place of Business Mailing Address KIM'S REFRIGERATION SERVICE KIM'S REFRIGERATION SERVICE 15422 NE 21ST AVE 15422 NE 21ST AVE DO NOT WRITE IN THIS SPACE NORTH MIAMI BEACH FL 33162-6008 NORTH MIAMI BEACH FL 33162-6008 3. Date Incorporated or Qualifed HS 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-1845922 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6: Election Campaign Financing \Box Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation owes the current year Intangible IZ/No Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ACKERMAN, STEVEN M. Street Address (P.O. Box Number is Not Acceptable) 7328 SW 48TH ST. **MIAMI FL 33155** 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 title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. ☐ Addition DELETE Change 1.1 TITLE TITLE PD NAME CHAN, JOHN K 1.2 NAME 15422 N.E. 21ST AVE. 1.3 STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 2.1 TITLE TITLE STD CHAN, ELAINE 2.2 NAME NAME 15422 N.E. 21ST AVE. STREET ADDRESS 2.3 STREET ADDRESS NORTH MIAMI BEACH FL 2.4 CITY-ST-ZIP 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 ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 of supplementary and 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 on an attachment with an address, with all other like empowered.