PROFIT CORPORATION ANNUAL REPORT

1999



Mailing Address

201 N.W. 37TH STREET MIAM) FL 33127

FLORIDA DEPARTMENT OF STATE
Kathering Harris

FILED

Jun 18, 1999 8:00 am

Secretary of State

06-18-1999 90004 043 ***150.00

08-16-1999 90005 018 ***400.00

Change

☐ Addition

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

05/18/1981

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F351511

RADIATOR KING, INC.

Principal Place of Business 201 N.W. 37TH STREET

MIAMI FL 33127

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

TITLE

Applied For 2a. Mailing Address 2. Principal Place of Business 59-2091931 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apl. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State - \Box Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Zin Country Country Zip ☐ Yes □No Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MICHAEL, DANIEL Street Address (P.O. Box Number is Not Acceptable) 82 201 NW 37TH STREET MIAMI FL 33127 Zip Code 85 City 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 directurs. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition ☐ DELETE 11 TO F PRS TITLE CR2E034 12 NAME MICHAEL, DANIEL NAME 201 N.W. 37TH STREET 1.3 STREET ADORESS STREET ADDRESS MIAMI FL 33127 1.4 CITY-ST-ZIP CITY-ST-ZIF Change Addition DELETE 2.1 TITLE TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE MILE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 5.1 TITLE ππε 52 NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY-ST-ZIP

14. I 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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, with all other like empowered.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE