FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90029 042 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

7. Corporation	MENT # F45643 ICE PUBLISHING CO.									
Principal P ac	e of Business	Mailing Address				I	(Fa ir ea in Broad Brid Birit Bi		ii eien aldi di	ARI BIANK BIRIK (BAR
115 W. 38TH STREET HIALEAH FL 33012		115 W. 38TH STREET HIALEAH FL 33012				DO NOT WRI	TE IN TI	IS SPACE		
						3. Date I	ncorporated or Qualifed		13 01 702	
						09/2	1/1981			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI N				Apr lied For
21		26				59-2	4 <u>615</u> 56			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifo	ate of Status Desired		* -	5 Additional Required
City & Stat	e	City & State				6. Election	on Campaign Financing		\$5.0	00 May Be
23		28				Trust	Fund Contribution		Adde	ed to Fees
Zip	Country	Zip	Cou	ntry			orporation owes the curr	ent year		r -1
24	25	29	30				r al Property Tax.		☐ Yes	No
	9. Name and Address of Curren	Registered Agent		81	Name	10. Name	and Address of New I	Register	ea Agent	
ROD	RIGUEZ, VICENTE									
	W. 38TH STREET			82	Street Acd	lress (P.O. Bo	x Number is Not Accepta	able)		
HIAL	EAH FL 33012			83		_				
				84	City			F	EL 85 Z	ip Code
office crr	to the provisions of Sections 607.0502 egistered agent, or bo h, in the State on familiar with, and accept the obligat	of Florida. Such change was ions of, Section 607.0505, Fl	authorized lorida Statu	by t ites.	he corporati	on's board of	cirectors. I hereby acces	ot the ap	of changing pointment as	its registered reg stered
	Signature, typed or printed na ne of registered agen		- -	Agent	signature require	ed when reinstating	· · · · · · · · · · · · · · · · · · ·	DATE	WD DIDEC	TOPIC IN 40
TITLE	OFFICERS AN	DELETE	13.	7 =		ADDITI	ONS/CHANGES TO OF	FICERS	AND DIREC	
NAME	RODRIGUEZ, VICENTE	_		1.2 NAME					_ onlang	,,
STREET ADDRESS	115 W. 38TH STREET				ADDRESS					
CITY-ST-ZIP	HIALEAH FL			TY-ST	1					
TITLE		☐ DELETE	2.1 T/T						Chang	ge Addition
NAME			2.2 NA	ME						
STREET ADDRE 3S			2.3 ST	REET	ADDRESS					
CITY-ST-ZIP			2. 4 Cf	TY-ST	-ZIP				- -	
TITLE		☐ DELETE	3,1 TIT	ſΈ					☐ Chang	ge 🔲 Addition
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 ST	REET	ADDRESS					
CITY-ST-ZIP			3.4. CI		-ZIP					
TITLE			4.1 TIT						Chang	ge
NAME:			4.2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		☐ DELETE	4.4 CR		-ZIP				Chang	ge
TITLE		U DECETE	5.1 III 5.2 NA							,radadon
NAME STREET ADDOCS S					ADDRESS					
STREET ADORES S			5.4 CII		1					
CITY-ST-ZIP TITLE		☐ DELETE	6 1 T/T						Chang	ge Addition
NAME		<u> </u>	6.2 NA	ME						

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 curtify 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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE: _

NAME

STREET ADDRESS

SIGNATU LE AND TYPED OR P AME OF SIGNING OFFICER OR DIRECTOR