

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # F93165****(1)**

1. Corporation Name

SUNSHINE ICE, INC.

Principal Place of Business

**2757 NW 36TH ST
MIAMI FL 33142**

Mailing Address

**2757 NW 36TH ST
MIAMI FL 33142****FILED**
95 FEB 17 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/03/1982

3a. Date of Last Report

02/15/1994

4. FEI Number

59-2298581

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

City & State

27

Zip

28

Country

30

9. Name and Address of Current Registered Agent

**COZZO, CHARLES
2757 NW 36TH ST.
MIAMI FL 33142**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 fee if applicable

(NOTE: Registered Agent signature required when restate)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**VP
COZZO, CHARLES
2757 NW 36TH ST
MIAMI, FL 00000**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**P
SEIDLE, WILLIAM
2757 NW 36TH ST.
MIAMI FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**SD
SEIDLE, BETTY.
2757 N.W. 36 ST.
MIAMI FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1 (0.07(3)(k), 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.

SIGNATURE: *Charles Cozzo* **Charles Cozzo V.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-95 305-621-7312