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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600000492

1. Corporation Name

	L HEFRIGERME	IIO3 CONFO	MAH	JN								
Principal Place	of Business		 Mail	ing Address					-) INDIANDI SILA TALLA DILICI DI		Maki Affria memin	1818 (18) (46)
19-35 HAZEN ST 19-35 HAZEN ST												
E ELMHURST NY 11370 E ELMHURST NY 11370												
	-									WRITE IN THIS	SPACE	
									3. Date Incorporated or Qua	lifed		
									01/30/1996			
2. Principal Pl	lace of Business		2a. 1	Mailing Address					4. FEI Number		_ 	oplied For
21			26						11-2382432			ot Applicable
Suite, Apt.	#, etc.		`	Suite, Apt. #, etc.					5. Certificate of Status Desir	ed 🗌	•	Additional equired
22	·		27									
City & State			City & State					6. Election Campaign Finan	cing		May Be	
23			28						Trust Fund Contribution			to Fees
Zip	Cour	ntry	<u></u>	Zip	$\overline{}$	untry			8. This corporation owes the	e current year Int	angible □Yes	□No
24	25		29		30				Personal Property Tax.	Inv. Bonintered		
	9. Name and Add	ress of Current	Registe	ered Agent		81	Nan		10. Name and Address of	iew Registered	Agent	
PAN	e, robert					0 '	Nan	e				
	E, RUDERT ENERAL REFRIGER	METICS CODD	∩DATI(3NI		82	Stre	at Addre	ss (P.O. Box Number is Not Ad	ceptable)		
		METICS CORF	URAIN	JN					warene -			
	SW 11TH AVE	045				83				•		
FIL	AUDERDALE FL 33	315				84	City		<u></u>		85 Zip	Code
							1		pration submits this statement for	<u>FL</u>		
office or r	anietorod anont, or ho	ith in the State of	f Florida	- Such change was	authorize	ed by:		rporatio	n's board of directors. I hereby	accept the appor	ntment as re	gistered
agent. I a	m familiar with, and a	ccept the obligation	ons of, S	Section 607.0505, F	orida Sta	itutes.	•			DATE		
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filips 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 of 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPES OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR