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

PROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business

SIGNATURE: 1/2

4565 NW 37 AVE MIAMI FL 33142



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

H.G. REFRIGERATION SUPPLY, INC.

Mailing Address

4565 NW 37 AVE MIAMI FL 33142

FILED Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/07/1983

2. Principal Pl	ace of Business	2a. Mailing	2a. Mailing Address				4. FEI Number			Applied For	
21		26					59-2244881			Not Applicable	
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional	
22		27	27				5. Certificate of Status Desired	Fee Required		Required	
City & State)	City & S	City & State				6. Election Campaign Financing		\$5.0	0 May Be	
23		28	 				Trust Fund Contribution Added to Fees				
Zip	Country	Zlp	Zlp Cou				8. This corporation owes or has paid the current year Intangible				
24	25	29				Personal Property Tax due June 30. Yes No					
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
VALDES, JUAN E., ESQ.					1 Na	me					
4160 W. 16TH AVENUE					82 Street Address (P.O. Box Number is Not Acceptable)						
HIALEAH FL 33012											
					83						
				Я	4 Cit	· ·			85 Z	p Code	
								FL	.	•	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Slatutes, 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.											
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 reinstaling) DATE											
12.					13.		ADDITIONS/CHANGES TO OFF	ICERS AND			
TITLE	PD		☐ DELETE	1,1 TITU					L Change	e 📙 Addition	
NAME	GARCIA, HUMBERTO T.			1.2 NAM							
STREET ADDRESS	5555 COLLINS AVE #6L			1.3 STRE	ET ADORE	ess					
CITY-ST-ZIP	MIAMI BEACH FL				-ST-ZIP		· · · · · · · · · · · · · · · · · · ·				
TITLE	VD		DELETE	2.1 TITLE	i				☐ Change	e 🔲 Addition	
NAME	SERRANO, REINALDO			2.2 NAM	E]	
STREET ADDRESS	CALLE 100 #8A-55				2.3 STREET ADDRESS						
CITY-ST-ZIP	BOGOTA, COLUMBIA				-ST-ZIP				T-1-0:		
TITLE	SD				3.1 TITLE				☐ Change	e 🔲 Addition	
NAME	MANTILLA, HECTOR			3,2 NAM	Ę						
Street address	230 MENDOZA AVE #18			3.3 STRE	ET ADDRE	:SS					
CITY - ST - ZIP	CORAL GABLES FL			_	-ST-ZIP				<u> </u>		
TITLE	ASD		DELETE	4.1 TITLE					Change	e 🔲 Addition	
NAME	GARCIA, HUMBERTO V.	" 0.		4. 2 NAM							
STREET ADDRESS	12401 W. OKEECHOBEE RD.	#24			ET ADDRE	SS					
CITY-ST-ZIP	HIALEAH GARDENS FL		Tories -	_	- ST- ZIP				1 10	- Language	
TITLE		l	DELETE	5.1 TITLE					L Change	e 🔲 Addition	
NAME				5.2 NAM		- 1					
STREET ADDRESS					ET ADDRE	iss					
CITY - ST - ZIP			The second		-ST-ZIP				1 0	1 6340	
TITLE	•	į	DELETE	6.1 TITLE					L Change	e L. Addition	
NAME				6.2 NAM							
STREET ADDRESS				₹.	ET ADDRE	iss				ļ	
CITY-ST-ZIP		Market Comment	116 7		-ST-ZIP	1	440.07(0)/7.51-4-4-0	1.6			
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplimental annual report is true and accurate and that my signature shall have the same legal series defect as if made under other than the section of the control of											