FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J97823** **(5)**

1. Corporation Name
SURE COLD, INC.

Principal Place of Business	Mailing Address
4333 NW 27TH AVE. MIAMI FL 33142 US	PO BOX 292350 DAVIE FL 33329 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/15/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 2060 SW 71st Terr
22 Suite, Apt. #, etc.: Bay E6
23 City & State: Davie, Fl
24 Zip: 33317
25 Country: Broward

2a. Mailing Address
26: Same As Above
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: **65-0057649** ☐ 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

9. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

WILLIAMS, HOWARD R.
9142 D SW 23RD ST.
FT LAUD FL 33324

10. Name and Address of New Registered Agent

81 Name: Marilena Williams Sicari
82 Street Address (P.O. Box Number is Not Acceptable): 9142 D SW 23rd St.
83:
84 City: Ft. Laud. 85 FL Zip Code: 33324

11. Pursuant to the provisions of Sections 607.0503 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: Marilena Williams Sicari (Name of New Registered Agent typed or printed) DATE: 5.5.95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☒ Change ☐ Addition
NAME	WILLIAMS, NANCY J.	12 NAME	PTD Marilena Williams Sicari
STREET ADDRESS	9142D SW 23RD ST.	13 STREET ADDRESS	9142 D SW 23rd St.
CITY ST ZIP	FT LAUD FL	14 CITY ST ZIP	Ft. Laud., Fl 33324
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, HOWARD R.	22 NAME	
STREET ADDRESS	9142D SW 23RD ST.	23 STREET ADDRESS	
CITY ST ZIP	FT LAUD FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 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 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: V.P. Howard Williams — 4/20/95 — 305-472-6990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0434435 FP