

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K26336

(3)

1. Corporation Name

A & A ICE CREAM CORP.

Principal Place of Business

% ELLIOTT HARRIS
111 SW THIRD ST
MIAMI FL 33130-1999

Mailing Address

% ELLIOTT HARRIS
111 SW THIRD ST
MIAMI FL 33130-1999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1988

4. FEI Number

65-0058668

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes

No

2. Principal Place of Business

21 11431 SW 40th

Suite, Apt. #, etc.

2a. Mailing Address

26 11431 SW 40th

Suite, Apt. #, etc.

City & State

23 Miami, FL

Zip

Country

24 33165 25 USA

City & State

28 Miami, FL

Zip

Country

29 33165 30 USA

9. Name and Address of Current Registered Agent

BELLAS, ALBERT
3383 NW 7 ST S200
MIAMI FL 33125

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

Albert Bellas
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9/16/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BELLAS, ALBERT
STREET ADDRESS 11431 SW 40TH ST
CITY-ST-ZIP MIAMI FL

DELETE

TITLE AS
NAME HARRIS, ELLIOTT
STREET ADDRESS 111 SW 3RD ST.
CITY-ST-ZIP MIAMI FL

DELETE

TITLE TD
NAME BELLAS, FRANCISCA
STREET ADDRESS 11431 SW 40TH ST.
CITY-ST-ZIP MIAMI FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:

Albert Bellas
Signature, typed or printed name of registered agent and title if applicable

9/16/98

305-221-2602

CR2E034 (5/98)