FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # L15499 (1)

1. Corporation Name

PERISHABLE REFRIGERATION, INC.

Principal Place of Business: 1421 N.W. 89TH COURT, MIAMI FL 33172

Mailing Address: 1421 N.W. 89TH COURT, MIAMI FL 33172

2. Principal Place of Business	2a. Mailing Address
21 7200 N.W. 19TH STREET	26 7200 N.W. 19TH STREET
Suite, Apt. #, etc. 22 304	Suite, Apt. #, etc. 27 304
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 304 — Country 25 USA	Zip 29 33126 — Country 30 USA

3. Date Incorporated or Qualified: 09/11/1989
3a. Date of Last Report: 04/19/1995
4. FEI Number: 65-0145514 — [ ] 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 [X] No

9. Name and Address of Current Registered Agent

MALFELD, GARY D. ESQ
2600 DOUGLAS RD
SUITE 905
CORAL GABLES FL 33134

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 ________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	DPC	[ ] DELETE
NAME	DEWITT, CARLOS	
STREET ADDRESS	~~9626 SW 125TH AVE~~	
CITY-ST-ZIP	MIAMI FL	
TITLE	DSC	[ ] DELETE
NAME	KHOURY, WILLIAM M	
STREET ADDRESS	~~3715 HARLAND ST~~	
CITY-ST-ZIP	~~CORAL GABLES FL~~	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	DPC	[X] Change [ ] Addition
1 NAME	DEWITT, CARLOS	
1 STREET ADDRESS	7200 N.W. 19TH STREET, #304	
1 CITY-ST-ZIP	MIAMI, FL 33126	
2 TITLE	DSC	[X] Change [ ] Addition
2 NAME	KHOURY, WILLIAM M	
2 STREET ADDRESS	6870 S.W. 45TH LANE, #2	
2 CITY-ST-ZIP	MIAMI, FL 33155	
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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: William M Khoury KHOURY — 4/1/96 — (305)591-4384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (12/95)