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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # L61728 1. Corporation Name

ICE CREAM VENDORS, INC.

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90006 045 ***150.00



		NA-III - Address		- }	(† Mille)) diani andi) andi)(9)9())60(
Principal Place of Business Mailing Address				1		
5252 NW 163ST 5252 NW 163ST		5252 NW 16351 MIAMI FL 33014				
MIAMI FL 33014 MIAMI FL 33014		MIAMI PL 33014		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
				04/02/1990		
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number		lied For
21 125	7. NW 16388	26 MIAMI, FL		65-0182377		Applicable_
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ad	
22		27 CMP		188 1000		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Added to Fees		,
23 MIP	741 PL	28		Trust Fund Contribution		rees
Zip	Country	Zip	Country	8. This corporation owes the current year	intangible ∐Yes [□No
24 736		29 30	L	Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Register		
	OFFICE		1 1	LTON KOKDISH		
FINE, STEVEN 82 Street Addi				ress (P.O. Box Number is Not Acceptable)	•	
109 SE 9TH ST				HICKAX AR		
FT. L	AUDERDALE FL 33316		83	•		
			84 City	2	85 Zip C	
1					FL 33:	registered
11. Pursuant 1	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statutes,	the above-named corp	foration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the submits of the purpose on the purpose on the purpose of the pu	pointment as reg	istered
office or re	egistered agent, or both, in the State or familiar with, and accept the obliga	tions of Section 607.0505, Florid	Statutes.		1. 199	
	NII O Con K	ا باید این	MGT \			
SIGNATURE	Signature, typed of printed name of registered ager	It dies that it appropria	gistered Agent signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS	· /	RS IN 12
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OTT TO EX	☐ Change	Addition
TITLE	Р	DELETE	1.1 TITLE			1
NAME	KORDISH, MILTON		1.2 NAME	•		
STREET ADDRESS	7414 FAIRFAX DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL 33311		1.4 CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	2.1 TITLE			_
NAME			2.2 NAME			-
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		=======================================	2.4 CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TITLE		_ ,	
NAME			3.2 NAME			ļ
STREET ADDRESS			3.3 STREET ADDRESS			ļ
CITY-ST-ZIP			3.4. CITY-ST-ZIP		[7] Change	Addition
TITLE		☐ DELETE	4.1 TITLE			_ [
NAME			4.2 NAME			ļ
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE		CH Granda	٠
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		•	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		☐ Change	☐ Addition
TITLE		☐ DELETE	6.1 TITLE	•	Пония	
NAME			6.2 NAME			
STREET ADDRESS			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 with all other like empowered.

SIGNATURE: