
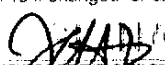


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M37525 (6)					
1. Corporation Name REFRICENTER OF PALM BEACH, INC.					
Principal Place of Business 1685 FLORIDA MANGO RD NORTH W PALM BCH FL 33409			Mailing Address 7101 NW 43RD ST. MIAMI FL 33166-6829 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 08/28/1986 3a. Date of Last Report 04/29/1996	
4. FEI Number 59-2717033		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent NAVARRO, JOSE A. 7950 WEST FLAGLER STREET STE.104 MIAMI FL 33144			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	T	<input type="checkbox"/> DELETE			
NAME	GOMEZ, JULIO				
STREET ADDRESS	7101 NW 43RD ST.				
CITY-ST-ZIP	MIAMI FL				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	HERNANDEZ, CIRILO				
STREET ADDRESS	7101 NW 43RD ST.				
CITY-ST-ZIP	MIAMI FL				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	ARVESU, PEDRO				
STREET ADDRESS	7101 NW 43RD ST.				
CITY-ST-ZIP	MIAMI FL				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	HERNANDEZ JOSE C.				
STREET ADDRESS	7101 NW 43RD ST.				
CITY-ST-ZIP	MIAMI FL				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	HERNANDEZ JOSE C.				
STREET ADDRESS	7101 NW 43RD ST.				
CITY-ST-ZIP	MIAMI F				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 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)(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:  JOSE C. HERNANDEZ 4/10/97 305 477-8886					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)