

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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95 JUN 27 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P40337** (8)  
1. Corporation Name  
**MIAMI ICE MACHINE, INC.**

Principal Place of Business Mailing Address  
10910 NW S. RIVER DR MIAMI FL 33178 US  
5355 TOWN CENTER RD 104 BOCA RATON FL 33486 US

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

3. Date Incorporated or Qualified 09/03/1992 3a. Date of Last Report 05/01/1994  
4. FEI Number 65-0352877 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  No

9. Name and Address of Current Registered Agent  
SCHREIBER, ALYCE B.  
5355 TOWN CENTER RD  
1004  
BOCA RATON FL 33048

10. Name and Address of New Registered Agent  
81 Name EVE ROSEN  
82 Street Address (P.O. Box Number is Not Acceptable) Cypress Park West, #400  
83 6700 N. Andrews Ave.  
84 City Fort Lauderdale FL 85 Zip Code 33309

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 *EVE ROSEN* DATE 6/20/95  
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESS, ROBERT D.	1.2 NAME	
STREET ADDRESS	5935 N.W. 99TH WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	PARKLAND FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREIBER, ALYCE B.	2.2 NAME	Delete
STREET ADDRESS	5637 PACIFIC BLVD-2912-	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	
TITLE	SCD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELSON, STEVEN L.	3.2 NAME	400001527494
STREET ADDRESS	8702 COLONIAL ROAD	3.3 STREET ADDRESS	-06/29/95--01081--025
CITY - ST - ZIP	BROOKLYN NY	3.4 CITY - ST - ZIP	****225.00 ****225.00
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALAMUD, CARY	4.2 NAME	
STREET ADDRESS	12443 S.W. 104TH LN	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(k), 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 its alter ego 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: *Kalut Rev* PRESIDENT DATE 6/20/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (305) 558-4000