

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jun 04 1996 8:00 am
Secretary of State

DOCUMENT # P40337 (8)

1. Corporation Name
MIAMI ICE MACHINE, INC.



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

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 10910 NW SOUTH RIVER DR
22. City & State	27. MIAMI, FL
23. Zip	28. 33178
24. Country	29. US

3. Date Incorporated or Qualified	3a. Date of Last Report
09/03/1992	06/27/1995
4. FEI Number	Applied For
65-0352877	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

ROSEN, EVE
CYPRESS PARK WEST STE. 407
8700 N. ANDREWS AVE.
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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	PD	<input type="checkbox"/> DELETE
NAME	PRESS, ROBERT D.	
STREET ADDRESS	5935 N.W. 99TH WAY	
CITY-ST-ZIP	PARKLAND FL	
TITLE	SCD	<input type="checkbox"/> DELETE
NAME	EDELSON, STEVEN L.	
STREET ADDRESS	8702 COLONIAL ROAD	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MALAMUD, CARY	
STREET ADDRESS	12443 S.W. 104TH LN	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 119.07(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 this 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: *Robert D. Press*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/31/96 305-558-4760
DATE OF FILING AND TELEPHONE NUMBER

CR2E034 (12/95)