


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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 10910 NW S RIVER DR 104 MIAMI FL 33178 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/03/1992		3a. Date of Last Report 06/04/1996	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 65-0352877		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	29	28 City & State	31	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	25 Country	29 Zip	30 Country	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 type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROSEN, EVE GYPPRESS PARK WEST STE. 407 6700 N. ANDREWS AVE. FT. LAUDERDALE FL 33309				Eve Rosen, Esq. 33 NE 2nd Street Ft. Lauderdale, FL 33301			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				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 *N/A. Just change of Address* DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD + Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PRESS, ROBERT D.		1.2 NAME	PRESS, ROBERT D.			
STREET ADDRESS	5995 N.W. 98TH WAY		1.3 STREET ADDRESS	1000 Williams Island Blvd #252			
CITY - ST - ZIP	PARKLAND FL		1.4 CITY - ST - ZIP	N. Miami Beach, FL 33160			
TITLE	SCD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	EDELSON, STEVEN L.		2.2 NAME				
STREET ADDRESS	8702 COLONIAL ROAD		2.3 STREET ADDRESS				
CITY - ST - ZIP	BROOKLYN NY		2.4 CITY - ST - ZIP				
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	V.P.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MALAMUD, GARY		3.2 NAME	OSCAR DEGUERO			
STREET ADDRESS	12443 S.W. 104TH LN		3.3 STREET ADDRESS	12920 S.W. 3RD ST.			
CITY - ST - ZIP	MIAMI FL		3.4 CITY - ST - ZIP	Miami FL 33184			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	Asst. Sec	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	ALICE SCHREIBER			
STREET ADDRESS			4.3 STREET ADDRESS	244 THREE ISLANDS BLVD #307			
CITY - ST - ZIP			4.4 CITY - ST - ZIP	HALLANDALE, FL 33309			
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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: *Ralph Allen* **REQUIRED** Date: *4/30/97* Daytime Phone #: *305-889-1900*

CR2E034 (9/96)