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**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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3. Date Incorporated or Qualified 09/03/1992	3a. Date of Last Report 06/04/1996
4. FEI Number 65-0352877	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

ROSEN, EVE
6700 N. ANDREWS AVE.
FT. LAUDERDALE FL 33309

Eve Rosen, Esq.
33 NE 2nd Street
Ft. Lauderdale, FL
33301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PRESS, ROBERT D.	
STREET ADDRESS	5995 N.W. 89TH 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 checked="" type="checkbox"/> DELETE
NAME	MALAMUD, GARY	
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

1.1 TITLE	PD + Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Press, Robert D	
1.3 STREET ADDRESS	1000 Williams Island Blvd #252	
1.4 CITY - ST - ZIP	N. Miami Beach, FL 33160	
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	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	OSCAR DEGUERO	
3.3 STREET ADDRESS	12920 S.W. 3RD ST.	
3.4 CITY - ST - ZIP	Miami FL. 33184	
4.1 TITLE	Asst. Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ALYCE SCHREIBER	
4.3 STREET ADDRESS	244 Three Islands Blvd #307	
4.4 CITY - ST - ZIP	Hallandale, FL 33309	
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 in an attachment with an address.

SIGNATURE: *Robert D. Press* **REQUIRED** *4/30/97* **305-889-1900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)