FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000002413 (1)**

1. Corporation Name
PANAMA ICE, INC.

Principal Place of Business	Mailing Address
1904 77 39TH AVE HOLLYWOOD FL 33021 US	1904 N. 39TH AVE APT. 308 HOLLYWOOD FL 33021 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1904 N. 39th AVE	26 1904 N. 39th AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Hollywood, FL	28 City & State: Hollywood, FL
24 Zip: 33021 25 Country: US	29 Zip: 33021 30 Country: US

4. FEI Number: 65-0381367 ☐ 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	10. Name and Address of New Registered Agent
GREENBERG, STEVEN R 2033 MAIN ST. SUITE 402 SARASOTA FL 34237	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☑ Change ☐ Addition
NAME	STRICKMAN, HOWARD L	12 NAME	HOWARD STRICKMAN	
STREET ADDRESS	7575 E. INDIAN BLEND RD #2121	13 STREET ADDRESS	8170 CLEARY BLVD #1703	
CITY-ST ZIP	SCOTTSDALE AZ	14 CITY-ST ZIP	PLANTATION, FL 33324	
TITLE	D	21 TITLE	D	☑ Change ☐ Addition
NAME	STRICKMAN, SYDELLE	22 NAME	SYDELLE STRICKMAN	
STREET ADDRESS	7575 E. INDIAN BEND RD #2120	23 STREET ADDRESS	8170 CLEARY BLVD #1703	
CITY-ST ZIP	SCOTTSDALE AZ	24 CITY-ST ZIP	PLANTATION, FL 33324	
TITLE		31 TITLE	D	☐ Change ☑ Addition
NAME		32 NAME	JENNIFER HOFMAN	
STREET ADDRESS		33 STREET ADDRESS	8170 CLEARY BLVD #1703	
CITY-ST ZIP		34 CITY-ST ZIP	PLANTATION, FL 33324	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST ZIP		44 CITY-ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST ZIP		54 CITY-ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST ZIP		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)(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: Sydelle Strickman 4/28/95 305-966-3739
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0003250 CP