FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996 4-8-96 B- 32332 CORPORATION XC

DOCUMENT # P93000048249 (5)

1. Corporation Name

HI-TECH COOLING, INC.

Principal Place of Business	Mailing Address
1974 S.W. BILTMORE ST. PORT ST. LUCIE FL 34984	1974 S.W. BILTMORE ST. PORT ST. LUCIE FL 34984

3. Date Incorporated or Qualified: 07/02/1993

3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0419410 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 673 Sw Whitmore Drive	26 673 Sw Whitmore Dr
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Port St lucie	City & State 28 Port St lucie
Zip 24 34984 Country 25 St lucie	Zip 29 34984 Country 30 St lucie

9. Name and Address of Current Registered Agent

SINGH, YOGNAUTH
~~1974 S.W. BILTMORE STREET~~ 1974 SW Scorpio Lane
PORT ST. LUCIE FL 34984

10. Name and Address of New Registered Agent

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 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature is required if changing registered agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SINGH, YOGNAUTH		1.2 NAME	Singh Yognauth	
STREET ADDRESS	1974 S.W. BILTMORE ST.		1.3 STREET ADDRESS	1974 Sw Scorpio Lane	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984		1.4 CITY-ST-ZIP	Port St. Lucie FL 34984	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SINGH, PARAMOUTRIE C		2.2 NAME	Singh Paramoutrie	
STREET ADDRESS	1974 S.W. BILTMORE ST.		2.3 STREET ADDRESS	1974 Sw Scorpio Lane	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984		2.4 CITY-ST-ZIP	Port St. Lucie FL 34984	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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: Paramoutrie Singh (Paramoutrie Singh) (2/25/96) 407-340-0543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #