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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sccretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

CITY-ST-ZIP

P93000070994 (7)

DADE TRAILER REFRIGERATION, INC. Principal Place of Business Mailing Address 4640 N.W. 5TH ST. 4640 N.W. 5TH ST. MIAMI FL 33126 **MIAMI FL 33126** 3. Date incorporated or Qualified 3a. Date of Last Report 10/13/1993 01/24/1995 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0452151 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Ζip Country Country Zm Yes No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BENITEZ, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 4640 N.W. 5TH ST. A3 **MIAMI FL 33126** Zip Code Crty 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typied or printed name of registered agent and little if apply cable (NOTE: Registered Agent signature r ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE BENITEZ, BLANCA A 1.2 NAME NAME 4640 N.W. 5TH ST. 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33126** 1.4 CITY-ST-ZIP COLY - ST - ZIP Change Addition DELETE 2 1 THILE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CHY-ST-ZIP CHTY-ST-ZIP Add tion DELETE 3. 1 Till F TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST-ZIF CI1Y - ST - 7IP ☐ Change ☐ Addition DELETE 4 1 THE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP C(TY-ST-Z)P Change Addition DELFIL 5 1 Table TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHTY - \$1 - ZHP CITY-ST-ZIP Addition DELETE 6 1 TIFLE THILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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)(x). 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 13 if changed, or on an attachment with an address.

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