CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# DOCUMENT # P93000078625 (9)

1. Corporation Name
**COOL TRANSPORT INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 11393 S.W. 66TH ST.<br>MIAMI FL 33173 | 11393 S.W. 66TH ST.<br>MIAMI FL 33173 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1993
3a. Date of Last Report: 07/29/1994

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

4. FEI Number: 65-0448260 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

POMPA, ROBERT J
11393 S.W. 66TH ST.
MIAMI FL 33173

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 of a current officer or director required if registered agent is not changing) (NEW Registered Agent's signature required when changing) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | SD | 11 TITLE | (TD) ☑ Change ☐ Addition |
| NAME | POMPA, JUANA | 12 NAME | POMPA, JUANA |
| STREET ADDRESS | 11393 S.W. 66TH ST. | 13 STREET ADDRESS | 11393 S.W. 66 ST. |
| CITY ST ZIP | MIAMI FL 33173 | 14 CITY ST ZIP | MIAMI FL 33173 |
| TITLE | PD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | POMPA, ROBERT J | 22 NAME | |
| STREET ADDRESS | 11393 S.W. 66TH ST. | 23 STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL 33173 | 24 CITY ST ZIP | |
| TITLE | VD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | POMPA, CLARA B | 32 NAME | |
| STREET ADDRESS | 11393 S.W. 66TH ST. | 33 STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL 33173 | 34 CITY ST ZIP | |
| TITLE | TD | 41 TITLE | (SD) ☑ Change ☐ Addition |
| NAME | OLAECHEA, JOSEPHINE | 42 NAME | OLAECHEA, JOSEPHINE |
| STREET ADDRESS | 11393 S.W. 66TH ST. | 43 STREET ADDRESS | 11393 S.W. 66 ST. |
| CITY ST ZIP | MIAMI FL 33173 | 44 CITY ST ZIP | MIAMI FL 33173 |
| 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 of changes, or on an attachment with an address.

**SIGNATURE:** Robert Pompa 4-29-95 (305) 274-7222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AUTHORIZED AGENT — Date — Daytime Phone #

0186561 CP