

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000078625 (9)

1. Corporation Name

COOL TRANSPORT INC.



Principal Place of Business

Mailing Address

11393 S.W. 66TH ST.
MIAMI FL 33173

11393 S.W. 66TH ST.
MIAMI FL 33173

2. Principal Place of Business

2a. Mailing Address

21 Same as above

26 Same as above

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

25

26

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
11/15/1993

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

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 s. 199.03?
Florida Statutes ☐ Yes ☒ No

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 of Registered Agent (Print Name and Title)

Signature of Officer or Director (Print Name and Title)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
POMPA, JUANA
11393 S.W. 66TH ST.
MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
POMPA, ROBERT J
11393 S.W. 66TH ST.
MIAMI FL 33173

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
POMPA, CLARA B
11393 S.W. 66TH ST.
MIAMI FL 33173

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
OLACHEA, JOSEPHINE
11393 S.W. 66TH ST.
MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
Same

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
Same

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
Same

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
Same

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert J. Pompa (President)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/96

(305) 274-7222

CR2E034 (3/96)