## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000078625 (9)

COOL TRANSPORT INC.

FILED								
May 04 1998 8:00am								
Secretary of State								

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Principal Place of Business	Mailing Address		i andianat aim thian aiste matte matte matel Antis 1880)	rffisa mitra bladt arts radt	
11337 SW 88TH ST. CHANGED AS MIANTET 35273 OF 3/1/98 TO: 14600 SW 156 A VE HIAMI, FL 33196	11293 S.W. 66TH ST. WANT FL 33173		DO NOT WEITE IN THE	D. 05	
ILLGOD SW 156 AVE.	0	-	DO NOT WRITE IN THIS S	PACE	
# 10 EL 33196	SAME	;	3. Date Incorporated or Qualified		
M/MM1 , F & DOI 10		1	11 <u>/15/1993</u>		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		65-0448260	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25	Zip Cou 29 30	untry	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible ] Yes   No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
POMPA, ROBERT J	SW 156 AVE. FL 33196	81 Name			
1 <del>1605 S.W. 587H ST 146</del> 00 - 3 MAMFFE 39173 - M / A M	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 a	nd 607 1508 Florida Statutes, the a	hove-named corpor	ation submits this statement for the nurgose of	changing its registered	

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 little if an		Hegistered Agent signature	Prequired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AI	ID DIDECTOR	10 IN 10
12.	OFFICERS AND DIRECTO	DELETE		In-k		Addition
TITLE	TD	L DECEIE	1.1 TITLE	PONPA JUANA 14600 SW 156 AVE	Change Change	ן ווסאווטטא גבו
NAME	POMPA, JUANA		1.2 NAME	WILL SUN 156 AVE.		
STREET ADDRESS	<b>14399, S.W., 66TH ST</b> :		1.3 STREET ADDRESS	MIAMI, FL 33196		
CITY-ST-ZIP	MIANH FL'		1.4 CITY - ST - ZIP			
TITLE	PD	DELETE	2.1 TITLE	PD	Change	Addition
NAME	<b>PO</b> MPA, ROBERT J		2.2 NAME	POMPA, ROBERT J. 14600 SW 156 AVE.		
STREET ADDRESS	-T2-HT38 .W.2/E9ENY	(	2.3 STREET ADDRESS	14600 SW 136 AV		İ
CITY-ST-ZIP	MANILFE-83173	`	2. 4 CITY-ST-ZIP	MIANI, FL 33196	_	1
TITLE	VO VO	☐ DELETE	3.1 TITLE	VD O	Change	Addition
NAME	POMPA, CLARA B		3.2 NAME	POMPA, SW CLARA B. 014600 SW 156 AVE.		
STREET ADDRESS	<b>√√24/1130 JW.3′ E&amp;EN)</b>	(	3.3 STREET ADDRESS	014600' SW 136 AVE.		
CITY-ST-ZIP	MAMINFE/33478		3.4. CITY - ST - ZIP	MIAMI FL 33196		
TITLE	\$0	DELETE	4.1 TITLE	SD	. Change	Addition
NAME	OLAECHEA, JOSEPHINE		4. 2 NAME	OLAECHEA, JOSEPHINE		
STREET ADDRESS	<b>11393,5</b>		4.3 STREET ADDRESS	14600 SW 156 ATC.		
CITY-ST-ZWP	MAMIL		4.4 CiTY-ST-ZIP	OLAECHEA, JOSEPHINE 14600 SW 156 AVE. MIAMI, FL 33196		
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			j
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this annual report or suppliemental annual report is the 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 of 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 pri an attachment with an address.

SIGNATURE:

(305) 233-8830