FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

95 MAY 10 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000017785 (4)

1. Corporate Name
TROPICAL REFRIGERATION, INC.

Principal Place of Business
2531 NASSAU LANE
FORT LAUDERDALE FL 33312

Mailing Address
2531 NASSAU LANE
FORT LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1994
3a. Date of Last Report

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

4. FEI Number: 65-0472497 — 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

9. Name and Address of Current Registered Agent
KOWALCZYK, WILLIAM A
2531 NASSAU LANE
FORT LAUDERDALE FL 33312

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 607.0401 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
(Appointed Agent signature required if registered agent is being appointed) (NOTE: Resigning Agent signature required if registered agent is being resigned) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KOWALCZYK, WILLIAM A
STREET ADDRESS	2531 NASSAU LANE
CITY, ST, ZIP	FORT LAUDERDALE FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is validly furnished and does not qualify for the exemptions stated in Section 119.07(3)(ii), 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 with changes, if any, or in the board with an address.

SIGNATURE: W. Kowalczyk William Kowalczyk 4.25.95 305 5872665
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — DATE — AREA CODE

0320620 CP