## 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

## P94000035499 (0) DOCUMENT #

WORLDWIDE REFRIGERANT SALES AND BROKERAGE SERVIC ES, INC.

Principal Place of Business Mailing Address 444 BRICKELL AE. 444 BRICKELL AE. SUITE 51-309 MIAMI FL 33131 SUITE 51-309 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/11/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0494208 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Yes 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ROSS, JOSEPH 444 BRICKELL AVE. Street Address (P.O. Box Number is Not Acceptable) SUITE 51-309 83 MIAMI FL 33131 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 red agent and title if applicable (NOTE: Registered Agent signature required wi OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE T17) F 1.1 TITLE Change Addition INOVA, JOE NAME 1.2 NAME 444 BRICKELL AVE., ST 51-309 STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33131 CITY-ST-7IP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME

6.4 CITY - ST - ZIP 14. I hereby certify that the Information supplied with this filling 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 if changed, over an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

RE REQUIRED

**DELETÉ** 

Addition:

☐ Change

**FILED** 

Jan 15 1998 8:00am

Secretary of State