1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400068403

1. Corporation Name

FRIOMAX	(TRADING CORP.				- tr	\]				
Principal Place	of Business	Mailing Address			(1001100)12 (1111					
101 MADEIRA AVENUE CORAL GABLES FL 33134		101 MADEIRA AVENUE CORAL GABLES FL 33134								
COUNT OVERTO	116 00104	OOMAC ONDEED	. E 00104				DC	NOT W		
						3. Da	ate Incorporated	or Qualife		
						09	9/16/1994			
2. Principal Pl	ace of Business	2a. Mailing Addr	ess			4. FE	l Number			
21		26				65	5-0551414			
Suite, Apt. 1	#, etc.	Suite, Apt. #	, etc.			5. Ce	ertificate of Status	Desired		
City & State	>	City & State			. يناكنند بداد سي	6. El	ectic / umpaign	Financin		
23		28				Tes	ust F <i>a</i> sa Contrib	ution		
Zip	Country	Zip	Col	untry		8. Th	nis derporation ov	ves the c		
24	25	29	30			Pe	ersonal Property	Tax.		
<u>1</u>	9. Name and Address of Cu	rrent Registered Agent	T		10. Name and Address of Nev					
ΔRΔ7	9. Name and Address of Current Registered Agent ARAZOZA, COMAS D & FERNA						azoza, Comas, d rnandez-Fraga,			
101 l	MADEIRA AVENUE				Street Addre	Box Number is Balzedo	Not Acce			
COR	AL GABLES FL 33134			83			300			

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90086 029 ***150.00



Principal Place	of Business	М	ailing Address				(10011001)12 10111 0		1111 AE111 A#11# () ///= / = //-	
101 MADEIRA AVENUE 101 MADEIRA AVENUE											
CORAL GABLES FL 33134 CORAL GABLES FL 33134				•		DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or			SPACE	
							09/16/1994	Quanto			
A Drivered D	ace of Business		. Mailing Address				4. FEI Number			ΠΔ	pplied For
<u> </u>	ace of business	26	. Maining Address				65-0551414			<u> </u>	ot Applicable
Suite, Apt.	# etc.:	20	Suite, Apt. #, etc.								Additional
22		27	January 1, January 1, 1000				5. Certifcate of Status L	esired		•	equired
City & State)		City & State				6. Electio / umpaign F	inancing		\$5.00	May Be
23		28	•				Trust Fusa Contribut			• -	to Fees
Zip	Country		Zip	Cour	ntry		8. This exporation owe	s the cur	rent year Inta	angible	
24	25	29		30			Personal Property Ta	ıx.		☐ Yes	€ No
	9. Name and Address of Cur	rent Regi	stered Agent				10. Name and Address				
	-0-1 001110 D 0 FF0111				81	Name Ara	azoza, Comas rnandez-Frac	i, de	n Torr	es &	
	ZOZA, COMAS D & FERNA			ł	82 Street Address (P.O. Box Number is Not Acceptab						
	MADEIRA AVENUE			Į	2100 Salzedo Street						
COR	AL GABLES FL 33134				83	Su	ite 300				
				ŀ	84	City				85 Zip	Code
	_				ł	Cor	ral Gables.		<u>FL</u>	$\perp \perp \perp 3$	3134
11. Pursuant	to the provisions of Sections 607. egistered agent, or both, in the St m familiar with and accept the of	0502 and 6	507.1508, Florida Statut	es, the ab	oove-	named corpor	ration submits this stateme	nt for the	: purpose of a	changing its ntment as re	s registered eaistered
agent. I a	m familiar with, and accept the op	ligations of	f, Section 607.0505, Flo	rida Statu	ites.	ne corporation	is board of an octors. The	<i>32,</i> 2000			}
SIGNATURE	1/1/4		Managi	ng di	Lre	ector		2	2/2/99		
	Signature, typed or printed name of registered				Agent	signature required v		0.70.00	DATE	D DIDECT	ODE IN 12
12.	OFFICERS	AND DIRE	ECTORS DELETE	13.	1.5	 -1	ADDITIONS/CHANGE	S TO OF	FICERS AN	Change	Addition
TITLE]	PD ACUMAD ALEBEDO		☐ pcreie	1.1 TIT							
NAME	AGUILAR, ALFREDO			1.2 NA							
STREET ADDRESS	C/O 101 MADEIRA AVE.					ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL		☐ DELETE	1.4 CIT 2.1 TIT		·ZIP	 			☐ Change	Addition
TITLE	SD ACLULAD AND DEED						•				
NAME	AGUILAR, MILDRED			2.2 NA		*DDDE00					j
STREET ADDRESS	C/O 101 MADIERA AVENUE					ADDRESS					Į
CITY_ST-ZIP	CORAL GABLES FL		DELETE	2.4 CI					1.47	Change	Addition
TITLE				3.2 NA			-, - 				
NAME STREET ADDRESS						ADDRESS					ļ
			÷	3.4. CI							
CITY-ST-ZIP	<u> </u>		☐ DELETE	4.1 TIT				-		Change	☐ Addition
NAME			_	4.2 NA	ME						
STREET ADDRESS						ADORESS					
CITY-ST-ZIP				4.4 CIT		i					
TITLE			☐ DELETE	5.1 TIT						Change	Addition
NAME				5.2 NA							
STREET ADDRESS				5.3 ST	REET	ADDRESS					ļ
CITY-ST-ZIP				5.4 CIT	Y-ST-	- ZIP					
TITLE			☐ DELETE	6.1 TIT						Change	Addition
NAME				6.2 NA	ME	1					
STREET ADDRESS				6.3 STI	REET	ADDRESS					ļ

6.4 CITY-ST-ZIP 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 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, or on an autochritent with an address, with all other like empowered.

SIGNATURE:

4 - 20 - 99