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FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000019103 (7)

1. Corporation Name
**EVERCOOL ANTI-FREEZE PRODUCTS AND PREFERRED LINE
S CORPORATION**

Principal Place of Business
**17252 N.W. 60TH COURT
MIAMI LAKES FL 33015**

Mailing Address
**17252 N.W. 60TH COURT
MIAMI LAKES FL 33015-4667**



| | | | |
|--------------------------------|-----------------------|---------------------|-------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | 1790 NW 72 AVE | 26 | SAME |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | | 27 | |
| City & State | | City & State | |
| 23 | MEADLEY FL | 28 | SAME |
| Zip | | Zip | |
| 24 | 33166 | 29 | SAME |
| Country | | Country | |
| 25 | DADE | 30 | SAME |

| | |
|---|--|
| 3. Date Incorporated or Qualified 02/27/1995 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 65-0637500 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| CASARES, ANGEL M 17252 N.W. 60TH COURT MIAMI LAKES FL 33015 | | | |
| 81 Name | | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 83 | | | |
| 84 City | | 85 Zip Code | |
| | | FL | |

11. Pursuant to the provisions of Sections 607.0501 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 *Angel M. Casares* **President** **4-14-97**
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reappointing) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------|---|---|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CASARES, ANGEL M. | 1.2 NAME | |
| STREET ADDRESS | 17252 N.W. 60TH COURT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI LAKES FL 33015 | 1.4 CITY-ST-ZIP | |
| TITLE | PRESIDENT | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CASARES, ANGEL M. | 2.2 NAME | |
| STREET ADDRESS | 1790 NW 72 AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MEADLEY FL 33166 | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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 its 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 in an attachment with an address.

SIGNATURE: *Angel M. Casares* **President** **4-22-97** **205 882-0192**

CR2E034 (9/96)