

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000068864**

1. Corporation Name

COLD PACK TECHNOLOGIES USA, INC.

Principal Place of Business

**11899 NW 31ST STREET
CORAL SPRINGS FL 33065**

Mailing Address

**11899 NW 31ST STREET
CORAL SPRINGS FL 33065**

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90023 048 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1995

2. Principal Place of Business

21 10189 W. SAMPLE RD

2a. Mailing Address

26 10189 W. SAMPLE RD

4. FEI Number

65-0605809

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ANTHONY, MICHAEL M
11899 NW 31ST STREET
CORAL SPRINGS FL 33065**

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 607.0502 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P ANTHONY, MICHAEL M**
STREET ADDRESS **11899 NW 31ST STREET**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ DELETE
NAME **VP HAGE, ROBERT**
STREET ADDRESS **351 SOUTH CYPRESS ROAD, SUITE 301**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☐ DELETE
NAME **ST ANTHONY, ANGELICA A**
STREET ADDRESS **11899 NW 31ST STREET**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P. ANTHONY MICHAEL M** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **6112 NW 66TH WAY**
1.4 CITY-ST-ZIP **PARKLAND FL 33067**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **SAME**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **ST ANTHONY, ANGELICA A** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **6113 NW 66TH WAY**
3.4 CITY-ST-ZIP **PARKLAND FL 33067**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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 attachment with an address.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-99

954-341-4208

Date

Daytime Phone #

CR2E034 (5/99)

596511-90023-48
P95000068864



July 8, 1999
Florida State Department,
Division of Corporations
Annual Reports filings,

Dear Sir/Madam,

Please find enclosed a check for the amount of \$150.00 for the Cold Pack Technologies USA Inc. Corporate Profit Annual Report fees. We apologize for the confusion. However, we did not receive the first notice for payment, as it was sent to an address other than our corporate address. For future reference our address is :

Cold Pack technologies USA Inc.
10189 W. Sample Rd.,
Coral Springs Fl. 33065.

Sincerely,



Michael Anthony, President.

10189 W. Sample Road,
Coral Springs Florida, 33065, USA.
Tel. (954) 341-4208, Fax. (954) 341-1796