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Feb 26 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 # P95000077771 (0)

1. Corporation Name
COLD STAR TRANSPORTATION INC.



Principal Place of Business: 11755 BISCAYNE BLVD. SUITE 401 NORTH MIAMI FL 33181
Mailing Address: 12064 BISCAYNE BLVD. BOX 321 NORTH MIAMI FL 33181-2007

3. Date Incorporated or Qualified: 10/10/1995
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business: 2116 NORTH 32ND CT
2a. Mailing Address: PO BOX 222151

4. FEI Number: 65-0612473
Applied For: Not Applicable

22. City & State: HOLLYWOOD FL
27. City & State: HOLLYWOOD FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. Zip: 33021 Country: U.S.A.
28. Zip: 33022-2151 Country: U.S.A.

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: LECATES, MICHAEL A 2116 NORTH 32ND COURT HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent:
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 607.0502 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PMST	<input type="checkbox"/> DELETE
NAME	LECATES, MICHAEL A	
STREET ADDRESS	2116 NORTH 32ND COURT	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VIVANCO, CARLOS P	
STREET ADDRESS	10627 NORTHEAST 11TH AVENUE	
CITY - ST - ZIP	MIAMI SHORES FL 33138	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: Michael A. LeCates MICHAEL A. LECATES 02/21/97 954 966 7040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)