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Secretary of State

03-11-1999 90090 047 ***150.00

PROFIT CORPORATION ANNUAL-REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000080306

1. Corporation Name

ICE CREAM DREAM INC.

Principal Place of Business

2441 SWANSON AVENUE
COCONUT GROVE FL 33133

Mailing Address

14371 LAUREL TRAIL
WELLINGTON FL 33414
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

10/19/1995

4. FEI Number

65-0614183

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be**
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 6211 NW 197th Terr.

City & State

23 Miami, FL

Zip

24 33015

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

ARIAS, ELIZABETH B
2441 SWANSON AVENUE
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name

82 REINA ARIAS

83 Street Address (P.O. Box Number is Not Acceptable)

6211 NW 197th Terr.

84 MIAMI

City

FL

85 Zip Code

33015

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

Reina Arias

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 P ☐ DELETENAME ARIAS, ELIZABETH B
STREET ADDRESS 2441 SWANSON AVENUE
CITY-ST-ZIP COCONUT GROVE FL 33133TITLE T ☐ DELETENAME ARIAS, REINA C
STREET ADDRESS 2441 SWANSON AVENUE
CITY-ST-ZIP COCONUT GROVE FL 33133TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME ELIZABETH B. ARIAS

1.3 STREET ADDRESS 14371 LAUREL TRAIL

1.4 CITY-ST-ZIP WELLINGTON FL 33414 US.

2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition

2.2 NAME REINA C. ARIAS

2.3 STREET ADDRESS 6211 NW 197th Terr.

2.4 CITY-ST-ZIP MIAMI FL 33015

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

562-792-2800

CR2E034 (1/1/98)