

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000083671 (4)

1. Corporation Name

TRI-COUNTY REFRIGERATION INC.



Principal Place of Business

Mailing Address

8288 NW 56 STREET
MIAMI FL 33166

8288 NW 56 STREET
MIAMI FL 33166

3. Date Incorporated or Qualified

11/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 7900 W. 25TH AVE.

26 SAME.

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State
23 MIAMI, FLORIDA

27 City & State

24 33016 25 U.S.A.

28 Zip Country
29 30

4. FEI Number

65-0626586

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BROWN, EMILIO M
8312 NW 7TH STREET
MIAMI FL

10. Name and Address of New Registered Agent

81 Name

EMILIO M. BROWN

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

9961 NW 9TH ST. Circle #3-18

83

84 City

MIAMI

FL

85 Zip Code

33172

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

Emilio M. Brown (Pro)
Signature typed or printed in ink of registered agent and the applicable

Emilio Brown
(If Officer, Registered Agent signature required when resigning)

08/02/96
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BROWN, EMILIO M
STREET ADDRESS 8312 NW 7 STREET
CITY-ST-ZIP MIAMI FL 33166
☐ DELETE

TITLE SD
NAME BROWN, ASTRID
STREET ADDRESS 8312 NW 7 STREET
CITY-ST-ZIP MIAMI FL 33166
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRESIDENT
12 NAME EMILIO M. BROWN
13 STREET ADDRESS 9961 NW 9TH ST. Circle #3-18
14 CITY-ST-ZIP MIAMI, FLORIDA 33172
☐ Change ☐ Addition

21 TITLE SECRETARY
22 NAME ASTRID BROWN
23 STREET ADDRESS 9961 NW 9TH ST. Circle #3-18
24 CITY-ST-ZIP MIAMI, FLORIDA 33172
☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

Emilio Brown (Pro)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/02/96

(305) 692-0774

CR2E034 (3/96)