

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 AUG -5 AM 10: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000087903 (7)

1. Corporation Name
ICEWARE, INC.



Principal Place of Business

Mailing Address

PO BOX 145188
GORAL CABLES FL 33114-5188

PO BOX 145188
GORAL CABLES FL 33114-5188

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 8603 SOUTH DEXIE HWY

26 8603 SOUTH DEXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 302-A

27 302-A

City & State

City & State

23 MEANE, FL

28 MEANE, FL

Zip

Country

Zip

Country

24 33143

25 USA

29 33143

30 USA

3. Date Incorporated or Qualified

11/13/1995

3a. Date of Last Report

06/20/1996

4. FEI Number

65-0620550

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KORGE, CHRISTOPHER
FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BLVD., # 2100
MIAMI FL 33131

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME SAINZ, MIGUEL
STREET ADDRESS 8809 NW 23RD ST.
CITY-ST-ZIP MIAMI FL 33172

TITLE S ☐ DELETE

NAME SAINZ, MIGUEL
STREET ADDRESS 8809 NW 23RD ST.
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

8603 SOUTH DEXIE HWY SUITE 302-A
MEANE, FL 33143

☒ Change ☐ Addition

8603 SOUTH DEXIE HWY SUITE 302-A
MEANE, FL 33143

☐ Change ☐ Addition

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-08/08/97--01130--008

***233.75 ***233.75

☒ Change ☒ Addition

95-7-27

☐ Change ☐ Addition

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

CR2E034 (4/97)