FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000087903 (7)

ICEWARE, INC.

FILED Jan 29 1998 8:00am Secretary of State

P	rincipal Place of Business	Mailing Address					
8603 SOUTH DIXIE HWY. 302-A MIAMI FL 33143		8603 SOUTH DIXIE HWY. 302-a Miami Fl 33143			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
2	Principal Place of Business	2a. Mailing Addres	ss .			11/13/1995 4. FEI Number	Applied For
21]	26				65-0620550	Not Applicable
22		Suite, Apt. #, et	, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	<u> </u>	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Zip Country 25	29 30			8. This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent 81 Name			
KORGE, CHRISTOPHER FIRST UNION FINANCIAL CENTER 200 S. BISCAYNE BLVD., # 2100				81	Name		
				82 Street Address (P.O. Box Number is Not Acceptable)			
	MIAMI FL 33131		·	83			
				84	City	FL	85 Zip Code
1.	 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation. 	of Florida. Such chance	was authorized	i bw	The corporat	poration submits this statement for the purpose of dion's board of directors. I hereby accept the app	changing its registered pintment as registered

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE ☐ Change ☐ Addition 1.1 TITLE SAINZ, MIGUEL NAME 1.2 NAME 8603 SOUTH DIXIE HWY., SUITE 302-A STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33143** CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE TITLE 2.1 TITLE Change Addition SAINZ, MIGUEL NAME 2.2 NAME 8603 SOUTH DIXIE HWY., SUITE 302-A STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33143** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3 1 THILE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 THLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 6.4 C/TY - ST - Z/P 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.