

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000087903**

1. Corporation Name  
**ICEWARE, INC.**

Principal Place of Business

**8603 SOUTH DIXIE HWY.  
302-A  
MIAMI FL 33143**

Mailing Address

**8603 SOUTH DIXIE HWY.  
302-A  
MIAMI FL 33143**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

**11/13/1995**

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

1. Name

**MIGUEL SAINZ**

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

**8603 SOUTH DIXIE HWY**

3. Suite, Apt. #, etc.

**SUITE 302 A**

4. City

**MIAMI**

**FL**

5. Zip Code  
**33143**

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

*Miguel Sainz*  
Signature, typed or printed name of registered agent and title if applicable.

**MIGUEL SAINZ, PRESIDENT**

**02-16-99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE  
NAME **SAINZ, MIGUEL**  
STREET ADDRESS **8603 SOUTH DIXIE HWY., SUITE 302-A**  
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **S** ☐ DELETE  
NAME **SAINZ, MIGUEL**  
STREET ADDRESS **8603 SOUTH DIXIE HWY., SUITE 302-A**  
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 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:

*Miguel Sainz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-16-99**

DATE

**305-668-4944**

Daytime Phone #

CR2E034 (1/98)

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90107 003 \*\*\*158.75



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