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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

0246

FLORIDA

Country

DOCUMENT # P95000090328 (2)

Country

9. Name and Address of Current Registered Agent

25

ICETEMP INC.

Principal Place of Business

2. Principal Place of Business

5345 S.W. 116 AVENUE MIAMI FL 33165

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22

23

24

210

Mailing Address

5345 S.W. 116 AVENUE MIAMI FL 33165-6827

2a. Mailing Address

City & State

Zip

MIAMI

29 33265-0246 30

26

27

28

PO BOX

Suite, Apt. #, etc.

FILED

Apr 11 1997 8:00am Secretary of State



Yes No

8. This corporation has liability for intangible tax under s. 199.032.

10. Name and Address of New Registered Agent

3. Date Incorporated or Qualified

11/28/1995

65-0626063

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

4, FEI Number

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

0222728

Not Applicable

06/17/1996

VELAZQUEZ, DANIEL J 5345 S.W. 116 AVENUE MIAMI FL 33165			81	81 Name			
			82	82 Street Address (P.O. Box Number is Not Acceptable)			
			83	 			
			63	(-
			84	City	FL ⁸⁵	Zip Co	ode
11. Pursuant to the provisions of Sections C07.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered affice 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 to the control of the polarist and the diagnicable (NOTE Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS	IN 12
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j		1	6.4 CITY				
14. I do heret	by certify that the information supplied with this filir	ng does not qualify t	or the ex	emption s	L stated in Section 119.07(3)(i), Florida Statutes, I further certify	that th	10
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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address							