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

**PROFIT** FLORIDA DEPARTMENT OF STATE, CORPORATION Sandra B. Molkitam FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 AUG 25 PM 12: 35 POCUMENT # P96000023413 (3) SECRETARY OF STATE TALLAHASSEE, FLORIDA REFRIGERATION AND INTEGRAL SERVICES. INC. Principal Place of Business Mailing Address 1155 WEST 77TH ST. 1155 WEST 77TH ST. **BUITE 115** SUITE 115 HALEAH FL 33014 HIALEAH FL 33014-3937 3. Date Incorporated or Qualified 3a. Date of Last Report 03/14/1996 196 15 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 6865 W 36 AU 65-0650214 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired # 202 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be FLoaida Higbah Trust Fund Contribution 28 Added to Fees Zψ Country 8. This corporation has liability for intangible tax under s. 199.032, 33018 Yes No 25 29 30 **Elorida Statutes** 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 \* Rodriguez. German j Name 1155 WEST 77TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 115** HIALEAH FL 33014 В3 84 City 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 hame of registered agent and trie if applicable (NOTE Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) General manager ☐ Change ☐ Addition DELETE TITLE 1.1 TITLE German Rodriquez 200002278812--7 1.2 NAME -08/27/97--01084--018 6865 US 36 AU # 202 STREET ADDRESS 1.3 STREET ADDRESS \*\*\*\*165.00 \*\*\*\*165.00 Healenh FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY\_CT\_XIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - 21P DELFTE Change TITLE 4.1 TITLE ☐ Addition NAME 4 2 NAME STREE ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-S1-ZIP DELETE Change TITLE Addition 51 TITLE NAME 5.2 NAME

6.4 CITY - ST- ZIP 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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 or an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CRY-ST-ZIP

61 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-2IP

CITY-ST-ZIP

TITLE

NAME

04/26/97

305-5571786

☐ Addition