

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

FILED  
Jun 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000023923 (1)

1. Corporation Name  
**SUMMER COOL ENTERPRISES, INC.**



Principal Place of Business <b>150 S.E. 2ND AVENUE, SUITE 1106 MIAMI FL 33131</b>	Mailing Address <b>150 S.E. 2ND AVENUE, SUITE 1106 MIAMI FL 33131-1578</b>
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3. Date Incorporated or Qualified <b>03/18/1996</b>	3a. Date of Last Report
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22 P.O. BOX 010086</b> City & State <b>23 MIAMI, FL</b> Zip <b>24 33101-0086</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27 P.O. BOX 010086</b> City & State <b>28 MIAMI, FL</b> Zip <b>29 33101-0086</b>	Country <b>25 USA</b>	Country <b>30 USA</b>
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4. FEI Number <b>65-0669724</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <del>SANTOS, VALDENIR</del> <del>3084 S.W. 27TH AVENUE</del> <del>SUITE 27</del> <del>COCONUT GROVE FL 33133</del>
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10. Name and Address of New Registered Agent <b>81 Name</b> <b>JACQUES R. DO NASCIMENTO</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83 3084 S.W. 27th AVENUE, APT. 27</b> <b>84 City</b> <b>MIAMI, FL</b> <b>85 Zip Code</b> <b>33133</b>
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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 **JACQUES R. DO NASCIMENTO**

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

**April 6, 1997**

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD DO NASCIMENTO, JACQUES R</b>
STREET ADDRESS	<del>150 S.E. 2ND AVENUE, SUITE 1106</del>
CITY-ST-ZIP	<del>MIAMI FL 33131</del>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>VD DOS SANTOS, VALDENIR B</b>
STREET ADDRESS	<b>150 S.E. 2ND AVENUE, SUITE 1106</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>VD LUDOVICO, ANTONIO N</b>
STREET ADDRESS	<b>150 S.E. 2ND AVENUE, SUITE 1106</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>STD KALUZA, BOZENA J</b>
STREET ADDRESS	<del>150 S.E. 2ND AVENUE, SUITE 1106</del>
CITY-ST-ZIP	<del>MIAMI FL 33131</del>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3084 S.W. 27th Avenue, Apt. 27</b>
1.4 CITY-ST-ZIP	<b>Miami, FL 33133</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>VICE - PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>1901 Brickell Avenue, #B1906</b>
4.4 CITY-ST-ZIP	<b>Miami, FL 33129</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 **JACQUES R. DO NASCIMENTO**

CR2E034 (9/96)