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

**CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000066535 (1)

KOOL REALITY, INC.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Principal Place of Business Mailing Address 7480 SW 107TH ST. 7480 SW 107TH ST.				<del></del>			
MIAMI FL 331	56	MIAMI FL 33156-3883			· ·	•	
					3. Date Incorporated or Qualified 08/12/1996	3a. Date of Last Report	
	Place of Business	2a. Mailing Address	MATERIAL MAT		4. FEI Number	Applied For	
<u> </u>		26			65-0687183	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	le	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip Country		intry	8. This corporation has liability for	intangible tax under s. 199.032.	
24	25	29	30		Florida Statutes	☐ Yes   No	
	9, Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
	S, JOSEPH			81 Name		,	
7480 SW 107TH ST.				82 Street Add	eel Address (P.O. Box Number is Not Acceptable)		
MIA	MI FL 33156			83			
				84 City		FL 85 Zip Code	
office or r agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligations are stated agents.	tions of, Section 607.0505,	Florida Sta	d by the corporal lutes.	poration submits this statement for the allon's board of directors. I hereby acce	pt the appointment as registered	
12.	OFFICERS AND		13.	u Agon; agna;ure regu	ADDITIONS/CHANGES TO OFFI		
TITLE	D	DELETE	1.1 (1	TLE	1.0511010401111102010-0111	Change Addition	
NAME	ARIS, JOSEPH		1.2 N	AME .			
STREET ADDRESS	7480 SW 107TH ST.		1.3 S	REET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33158			TY- S1 - 7IP			
TITLE	D	DELETE	211			Change Addition	
NAME	CONTRERAS, CARLOS H		22 N	\ME			
STREET ADDRESS	20 NW 124 AVE.		2 3 S	REET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33182		2 4 0	11Y-S1-71P			
TITLE		DELFTE	3 1 1	ILE		Charige Addition	
NAME			3 2 N	AME			
STREET ADDRESS			3.3 S	REEL ADDRESS			
CITY-ST-ZIP			3 4. C	ITY - S1 - ZIP			
TITLE		DELFTE	41 TI	TLF		Change Addition	
NAME			4.21	AME IMA			
STREET ADDRESS			4.3 S	REE1 ADDRESS			
CITY-ST-ZIP			4.4 C	1Y-S1-ZIP			
TITLE		☐ DELETE	5.1 TI			Change Addition	
NAME			5.2 N	AMF.			

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 is 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 12 if standard or on an attachment with an address. JUSE PH AR15

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

6.1 TITLE

6.2 NAME

DELFTE

Change Addition

**FILED** 

May 13 1997 8:00am

Secretary of State