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

Apr 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000018795 (9) IDA ICE CREAM COMPANY Principal Place of Business Mailing Address 2121 NE 186TH TERRACE 2121 NE 186TH TERRACE MIAMI FL 33179-4309 MIAMI FL 33179-4309 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/28/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0736174 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zıp Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name 2121 NE 186TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33179-4309 83 84 City Zip Code 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of, Section 607.0505, Florida Statutes. Pursuant to the provisions of Seriio office or registered agent, or both, agent. I am familiar with, and ficcer 4./4. 38 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition PDS 1 1 TITLE TITLE PASKIN, JOSE CR2E034 12 NAME NAME 2121 NE 186TH TERRACE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33179-4309 CITY-\$T-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2. 4 CHY-ST-ZIP DELETÉ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

I hereby certify that the information supplied with his ting 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 innual 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 of 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 attrichment with an address.

4.14.98

305.7855488

Jose Paskin

CITY-ST-ZIP

SIGNATURE:

I hereby certify that the information supplied with indicated on this annual report or supplemental.

FILED