

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90233 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000050593

1. Corporation Name

ICECO DEVELOPMENT, INC.

Principal Place of Business

10390 SW 137TH CT
MIAMI FL 33186

Mailing Address

10390 SW 137TH CT
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1997

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CASTRO, ILEANA M
10390 SW 137TH CT
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name
MARTINEZ de CASTRO, ILEANA82 Street Address (P.O. Box Number is Not Acceptable)
10390 SW 137th Ct.

83

84 City MIAMI

FL

85

Zip Code

33186

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

ILEANA MARTINEZ de CASTRO

5/18/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CASTRO, CHRISTOPHER M

STREET ADDRESS 10390 SW 137TH CT

CITY-ST-ZIP MIAMI FL 33186

TITLE V ☐ DELETE

NAME CASTRO, ILEANA

STREET ADDRESS 10390 SW 137TH CT

CITY-ST-ZIP MIAMI FL 33186

TITLE S ☐ DELETE

NAME ASION, MARIA E

STREET ADDRESS 10390 SW 137TH CT

CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ASION, MARIA E (PD) ☒ Change ☐ Addition

1.2 NAME 10390 SW 137th Ct

1.3 STREET ADDRESS MIAMI, FL 33186

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME MARTINEZ de CASTRO, CHRISTOPHER

2.3 STREET ADDRESS 12190 SW 100th

2.4 CITY-ST-ZIP MIAMI FL 33186

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME MARTINEZ de CASTRO, ILEANA

3.3 STREET ADDRESS 12190 SW 100th

3.4 CITY-ST-ZIP MIAMI FL 33186

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ILEANA MARTINEZ de CASTRO

3/13/99 (305) 279-3906

Date Daytime Phone #

CR2E034 (11/98)