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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P9700090094 (

FILED May 20 1998 8:00am Secretary of State

ADVAN	ICE MOTORS & PUMPS			
Principal Place		Mailing Address		
		6758 NW 199 ST MIAMI FL 33015		
MICHAEL C 20013		WILWII I L ODOID		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
	.			10/20/1997
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
Suite, Apt.	ll ato	Suite, Apt. #, etc.		65-0796141 Applicable
22	#, BIC.	27		5. Certificate of Status Desired See Required
City & State	8	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. X Yes No
	9, Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent
GUILLEN, GEORGE 81 Name				
6758 NW 199 ST			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)
MIAMI FL 33015			63	
			63	
			84 City	FL 85 Zip Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes the showlnamed cover				
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 bythe corporation's board of displays accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes				
			orida Statutes	4/20/98
SIGNATURE	SeoRge Guil	agent and little if applicable (NOTE	. Registered Agent signature	Chied when reinstating) DATE
12.	OFFICERS /	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Pre	DELETE	11 TITLE Q	Change Addition
NAME	George Guillen 6758 N.W. 199	- 100	1.2 NAME	GIORIA Guillen
STREET ADDRESS	6758 N.W. 199	51	1.3 STREET ADDRESS	GIORIA Guillen 6758 N.W. 199 ST
CITY-ST-ZIP	MIAMI, FL.	330/3	1.4 CITY - ST - ZIP	MIAMI, FL. 33013
TITLE		DELETE	2.1 TITLE	. L Change L Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITEF	☐ Change ☐ Addilion
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		T bevere	5.4 CITY - ST - ZIP	TA. There
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
14. I hereby c	sertify that the information supplier	with this filing does not quality for		in Section 11407(3)(i). Florida Statutes. I further certify that the information
indicated	eby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11407(3)(i). Florida Statutes. I further certify that the information cated on this annual report or suppliemental 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			

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 (407(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplieniental 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 C lapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

IGNATURE, GOOR QUE GUILLEN (POR) A JAM 4/20/98 (305)620-6785