

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90136 033 \*\*\*150.00

DOCUMENT # P98000016783

i. Corporation Name

ATLANTIC DRY ICE CORPORTION

Principal Place of Business

N.W. 93RD COURT  
FL 33172

Mailing Address

1209 N.W. 93RD COURT  
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1998

4. FEI Number

65-0258782

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees8. This corporation owes the current year intangible  
Personal Property Tax.☒ Yes☐ No

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City &amp; State

City &amp; State

28

Zip

Country

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONTEJO, RAUL E  
1209 N.W. 93RD COURT  
MIAMI FL 33172

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

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 understand the obligations of, Section 607.0505, Florida Statutes.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

## OFFICERS AND DIRECTORS

13.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE <b>D</b> <b>MONTEJO, KENIA</b> <b>1209 N.W. 93RD COURT</b> <b>MIAMI FL 33172</b>		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-STATE-ZIP	
<input type="checkbox"/> DELETE <b>D</b> <b>MONTEJO, MARITZA</b> <b>1209 N.W. 93RD COURT</b> <b>MIAMI FL 33172</b>		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-STATE-ZIP	
<input type="checkbox"/> DELETE <b>D</b> <b>MONTEJO, MARITZA</b> <b>1209 N.W. 93RD COURT</b> <b>MIAMI FL 33172</b>		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-STATE-ZIP	
<input type="checkbox"/> DELETE <b>D</b> <b>MONTEJO, MARITZA</b> <b>1209 N.W. 93RD COURT</b> <b>MIAMI FL 33172</b>		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-STATE-ZIP	
<input type="checkbox"/> DELETE <b>D</b> <b>MONTEJO, MARITZA</b> <b>1209 N.W. 93RD COURT</b> <b>MIAMI FL 33172</b>		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-STATE-ZIP	
<input type="checkbox"/> DELETE <b>D</b> <b>MONTEJO, MARITZA</b> <b>1209 N.W. 93RD COURT</b> <b>MIAMI FL 33172</b>		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-STATE-ZIP	

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

Date

Daytime Phone #

CR2E034 (1/98)