

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$780).

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000053661

1. Corporation Name  
 SPACE COAST REFRIGERATED TRANSPORT INC

Principal Place of Business Mailing Address  
 1461 LAKE DR 1461 LAKE DR  
 CASSELBERRY FL 32707 CASSELBERRY FL 32707

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 28 Zip  
 24 Country 29 Country

DO NOT WRITE IN THIS SPACE  
 3. Date incorporated or Qualified  
 06/15/1996  
 4. FEI Number Applied For  
 59-3516336 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 Fees  
 7. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent  
 RAMIREZ, LUIS A  
 1461 LAKE DR  
 CASSELBERRY FL 32707

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

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) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	RAMIREZ, LUIS A	
STREET ADDRESS	1461 LAKE DR	
CITY-STATE-ZIP	CASSELBERRY FL 32707	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	CHAVES, RAFAEL A	
STREET ADDRESS	1461 LAKE DR	
CITY-STATE-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	700003012887--3	
1.3 STREET ADDRESS	-10/12/99--01058--012	
1.4 CITY-STATE-ZIP	***150.00 ***150.00	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Morales, Dionisia	
2.3 STREET ADDRESS	313 Sandpiper Dr.	
2.4 CITY-STATE-ZIP	Casselberry, FL 32707	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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.

SIGNATURE: Luis A Ramirez 9/20/99 (407) 696-9837  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
 99 OCT -7 PM 2:56  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

80985

CR2E034 (5/99)

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September 29, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

Sirs:

I was not aware of this fee. I just received the bill with the penalty.

Please, wave the penalty and accept the \$150.00.

Thanks for your attention.

Truly yours,

Space Coast Refrigerated Transport, Inc.

*Luis A. Ramirez*  
Luis A. Ramirez  
President