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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000082179

1. Corporation Name

LA FLECHA REFRIGERATION, INC.

				.,,					
Principal Place	e of Business	Mailing Address						, .	
17938 NW 68 AVE		17938 NW 68 AVE						10	₹5°
MIAMI FL 33015		MIAMI FL 33015				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			٦
						09/22/1998			
2 Principal P	face of Business	2a. Mailing Address		-		4 FEI Number		Applied For	┨
21	ace of Business	26				65-08656 19	} } -	Not Applicable	,
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	5 Additional	ヿ
22		27				5. Certifcate of Status Desired [Fee .	Required	
City & State	e	City & State				6. Election Campaign Financing	\$5.0	0 May Be	7
23		28		_		Trust Fund Contribution	Adde	d to Fees]
Žip	Country	Zip	Count	ry		8. This corporation owes the current		_	Ì
24	25	29 3	0			Personal Property Tax.	☐ Yes	⊠ No	4
	9. Name and Address of Current	Registered Agent		-1		10. Name and Address of New Reg	istered Agent		-
DIAZ	DANIDEZ ENDIONE D		8	1 Nam	е		••		
	' RAMIREZ, ENRIQUE R		8	2 Stree	t Addre	ss (P.O. Box Number is Not Acceptable	e) ·		_
	18 NW 68 AVE		L						_
MIAN	/II FL 33015		8	3					
			8	4 City			FL 85 Zi	ip Code	
	(0.5	I COZ 1500 Florido Ctotudos	466-		d corne	ration submits this statement for the pu		its registered	\dashv
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth ons of, Section 607.0505, Florid	norized b la Statute	y the cor es.	poration	i's board of directors. I hereby accept to when reinstating)	he appointment as	registered	
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg OFFICERS AND DIRECTORS			jent signatur	e required	ADDITIONS/CHANGES TO OFFIC		TORS IN 12	→ 8
TITLE	PD	□ DELETE	13.		Τ	7,001110110110110110110110110110110110110	☐ Chang		m ÷
NAME	DIAZ RAMIREZ, ENRIQUE R	-	1.2 NAMI						
STREET ADDRESS	17938 NW 68 AVE			- ET ADDRES	<u>.</u>				}
	MIAMI FL 33015		1,4 CITY		~				5
CITY-ST-ZIP	WIFAM I E GOOTG	□ DELETE			-		Chang	ge 🔲 Additio	<u>ہ</u> ر
NAME		<u></u>	2.2 NAME						
STREET ADDRESS				ET ADORES	s				
			2.4 CITY		Ĭ	-			ļ
CITY-ST-ZIP			3.1 TITLE		+-		Chang	ge 🔲 Additio	חכ
NAME			3.2 NAM			•			- -
STREET ADDRESS			1 .	ET ADDRES	<u>.s</u>				
			3.4. CITY		1				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE				☐ Chang	ge Additio	'n
NAME			4. 2 NAM					_	
STREET ADDRESS				ET ADDRES	s			1	
			4.4 CITY		-				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		+		Chang	ge Additio	n.
NAME			5.2 NAM						}
STREET ADDRESS			5.3 STRE	ET ADDRES	s				1
CITY-ST-ZIP			5.4 C/TY	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE				☐ Chang	ge 🔲 Additio	חנ
		_	62 NAM	=					- 1

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

305-8892009