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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000085982

1. Corporation Name

ARCTIK APPLIANCE INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90063 013 ***150.00



Principal Place of Business Maiting Address 14801 S.W. 148TH ST. CIR. 14801 S.W. 148TH ST. CIR. MIAMI FL 30196 MIAMI FL 33196 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/07/1998 2a. Mailing Address FEI Number Apr lied For 2. Principal Place of Business 65-0867760 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Act. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Γ Trust Fund Contribution Added to Fees 23 28 Zip Country Cour try This corporation owes the current year intangible Zip IJNo ☐ Yes Persor al Property Tax. 25 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PENCZAK, JEFFREY Street Acdress (P.O. Box Number is Not Acceptable) 82 14801 S.W. 148TH ST. CIR. MIAMI FL 33196 83 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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 approintment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Agent signature regi ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change ☐ DELETE 1.1 TITLE TITLE 1.2 NAME NAME PENCZAK, JEFF 14801 S.W. 148TH ST. CIR. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33196 14 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE TITLE 2.1 TITLE MOYAL, PAUL 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 14801 S.W. 148TH ST. CIR. MIAMI FL 33196 CITY+ST-ZIP 2.4 CITY-ST-ZIP Addition ☐ DELETE ☐ Change 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change ☐ Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRE 3S

14. I hereby certify that the information supplied with this filting 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.

6.4 CITY-ST-ZIP

CR2E034 (11/98