FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -3 AM 9:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V28986 (0)

1. Corporation Name
INDUSTRIAL CRYO SERVICES, INC.

Principal Place of Business	Mailing Address
601 SOUTH FALKENBURG ROAD BUILDING 2, SUITE 4 TAMPA FL 33619	601 SOUTH FALKENBURG ROAD BUILDING 2, SUITE 4 TAMPA FL 33619

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/10/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 4401 E. 12TH AVE
22 Suite, Apt. #, etc.: BLDG A SUITE 2
23 City & State: TAMPA FL
24 Zip: 33609
25 Country: Hillsborough

2a. Mailing Address
26: PO BOX 1252
27 Suite, Apt. #, etc.:
28 City & State: BRANDON FL
29 Zip: 33509
30 Country: Hillsborough

4. FEI Number: 59-3116404 ☐ 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 Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SANTIAGO, MOISES
3606 LITHIA RIDGE BLVD.
VALRICO FL 33594

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SANTIAGO, MOISES	12 NAME	
STREET ADDRESS	3606 LITHIA RIDGE BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	CRUZ, JOHNNY	22 NAME	
STREET ADDRESS	601 S. FALKENBURG ROAD, BLDG 2, SUITE 4	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	CALVAN, ALFREDO	32 NAME	
STREET ADDRESS	601 S. FALKENBURG ROAD, BLDG 2, SUITE 4	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	YATES, CARL D	42 NAME	
STREET ADDRESS	1222 RAINBROOK CIRCLE	43 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 6-27-95 813-241-4274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0290747 CP