## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00



TILL NOW. FILING FLE AFTEN MAT TIG \$550,00					7 Mar 12 199	$0.7 \Omega$	$\cdot \cap C$	lam	
	PROFIT	FLORIDA DEP	PARTMENT	OF STATE	<b>}</b>				
CORPORATION Sandra B. ANNUAL REPORT Secretary					Secretary	of a	Sta	te	
ļ	10.2	Secre Division O	etary of Stat SECORPOR				Ju	<i>.</i>	
	1997	DIVISION O		ATIONS					
DOCU	MENT # <b>V289</b> 8	86 (0)							
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ופטעאו	RIAL CRYO SERVICES,	INC.			LANGLE METERS SERVE AREA AREA AREA	61611 61611 BIE	n Older Sider	. 6/6// /884	
Principal Place	e of Business	Mailing Address				BIBIH BHBIH BIBI	( BUBER BEBRR	( <b>212</b> 1) ( <b>24</b> )	
4101 E 12TH AVE P OBOX 1252									
BDLG A STE 2 TAMPA FL 33609		BUILDING 2. SUITE 4 RBANDON FL 33509-12	152						
US		US	· <del>·</del>		3. Date Incorporated or Qualified	3a. Date		eport	7
<b>6</b> Diam'r 16		1.5- 14-1		<del></del>	04/10/1992	05/01	/1996		
2. Principai Pi	ace of Business	2a. Mailing Address			4. FEI Number 59-3116404		<del></del>	oplied For ot Applicable	1
Suite Apt	# etc	Suite, Apt. #, etc.				<u></u>		Additional	-
22		27		<del></del>	5. Certificate of Status Desired			equired	
Gity & State	ē	City & State			6. Election Campaign Financing		\$5.00		
<b>23</b> Zip	Country	<b>28</b>	Co.	untry	Trust Fund Contribution  8. This corporation has liability for in	Jangible ta		to Fees	-
24	25)	29	30	•		Yes []		199,002,	
	<ol><li>Name and Address of Cu</li></ol>	rrent Registered Agent			10. Name and Address of New Reg	Istered Ag	ent		]
	ITIAGO, MOISES			81 Name					
	6 LITHIA RIDGE BLVD. RICO FL 33594			82 Street Add	ress (P.O. Box Number is Not Acceptable	e)			}
VAL	NICO FL 33384			83		<del></del>		<del></del>	1
				84 City			85 Zip (	Code	┥
			<u> </u>	}	·		``}		
<b>11.</b> Persuant t office or re	to the provisions of Sections 607 egistered agent, or both, in the S	.0502 and 607.1508, Florida Sta State of Florida, Such change wa	itutes, the a as authorize	bove-named corr d by the corporal	poration submits this statement for the potion's board of directors. I hereby accep	urpose of ch tithe appoin	ianging it itment as	is registered registered	
	m a mhar (vitn and accept the o	bligations of Section 607.0505,	Florida Sta	tutes.	7	-04	-97		
SIGNATURE	Signature approper proced hams of regions	od agent and title if applicable (N	NOTE Registere	d Agent signature requi		DATE			1
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE				18
NAME	D Santiago, Moises	[_] DELETE	1.1 T 1.2 N	ſ		L	Change	Addition	6)
STREET ADDRESS	3606 LITHIA RIDGE BLVD.			TREET ADDRESS					않
CITY - ST - 7IP	VALRICO FL			ITY-ST-ZIP					CR2E034 (9/96)
TOTLE	V	DELETE	2.1 T	TLE			Change	Addition	]ਹ
NAME	CRUZ, JOHNNY	ID DIDO A CURTE 4	22 N	1					
STREET ADDRESS	and a section of the			TREET ADDRESS					
CITY - ST - 719 TITLE	JAMPA FL	DELETE	3.1 T	TLE	<del> </del>		Change	Addition	1
NAME	CALVAN, ALFREDO		3.2 N				-		
STREET ACORESS	601 S. FALKENBURG ROA	ND, BLDG 2, SUITE 4	3.3 S	TREET ADDRESS					
CITY-ST-7IP	TAMPA FL	T DELETE		ITY - ST - ZIP			105	T 1220000	┨
TITLE NAME	S Yates, Carl D	☐ DELETE	411	,		<b>L</b>	] Change	Addition	
STREET ADDRESS	1222 RAINBROOK CIRCLE	•		TREET ADDRESS					
CITY-ST ZIF	VALRICO FL		3	ITY - ST - ZIP					
ToTLE		DELETE	5.1 T				Change	Addition	}
NAME			5.2 N						
STREET ADDRESS				TREET ADDRESS					
City-St-ZIP Title		DELETE	5.4 C	TLE			Change	Addition	1
NAME		<del></del>	62 N	J			•	_ · ·	
STREET ADDRESS			6.3 S	TREET ADORESS					
City-St-ZiP			6.4 C	ITY-ST-ZIP					l

14. I do 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 it made under oath; that I am an officer or director of the exportation 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 all the property of the exportation 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 all the property of the exportation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE:

MOISES NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

813-241-427