

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90221 046 ***150.00

60060000

NEW OR CHANGED BUSINESS REPORT (SBS)

DOCUMENT # P96000016829 ✓

1. Entity Name
Cool World Supplies, Inc

Principal Place of Business Mailing Address
7491 NW 7 St same
Miami, FL 33126

2. Principal Place of Business 3. Mailing Address

State Apt. #, etc. State Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0643087 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Xigues, Alexander I
11257 SW 155 lane
Miami, FL 33157

7. Name and Address of New Registered Agent
Name Xigues Alexander I.
Street Address (P.O. Box Number is Not Acceptable)
7491 NW 7 St
City Miami FL Zip Code 33126

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE X Alexander I. XIGUES 4-28-00
Signature of current or new registered agent and fee if applicable NOTE: Registered Agent signature required when incorporating DATE

9. This corporation is eligible to elect to satisfy its (reimbursable) tax filing requirements and elects to do so (See Article on back)

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>Alexander Xigues</u> <u>7491 NW 7 St</u> <u>Miami FL 33126</u>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>VP. General Manager</u> <u>7491 NW 7 St</u> <u>Miami, FL 33126</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/In
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/In

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information disclosed on this report or supplemental 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 11 or Block 12 if changed, or on an elector's with full address, with all other full empowered.

SIGNATURE: X Alexander I. XIGUES 4-28-00
Signature and Print Name of Officer or Director Date Define Name if