

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **400351** (3)

1. Corporation Name  
**ROSAIR AIR CONDITIONING CORP.**



Principal Place of Business ~~7845 N.W. 57TH STREET SUITE B MIAMI FL 33166 US~~  
Mailing Address ~~7845 N.W. 57TH STREET, SUITE A PO BOX 661006 MIAMI FL 33166~~

3. Date Incorporated or Qualified **05/02/1972** 3a. Date of Last Report **01/18/1995**  
4. FEI Number **59-1396191** 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

2. Principal Place of Business 21 **7869 N.W. 57th. Street** 2a. Mailing Address 26 **P.O. BOX 661006**  
Suite, Apt. #, etc. 27  
22  
City & State 23 **Miami, Florida** 28 **Miami, Florida**  
Zip 24 **33166** Country 25 **DADE** Zip 29 **33266-1006** Country 30 **DADE**

9. Name and Address of Current Registered Agent ~~GONZALEZ, CANDY 7845 NW 57TH ST SUITE B MIAMI FL 33166~~  
10. Name and Address of New Registered Agent  
81 Name **GONZALEZ, CANDY**  
82 Street Address (P.O. Box Number is Not Acceptable) **7869 N.W. 57th. Street**  
83  
84 City **Miami,** FL 85 Zip Code **33166**

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 their legal location. (NAME, Registered Agent signature and their legal location)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILVA, HERIBERTO</b>	1.2 NAME	
STREET ADDRESS	<b>12850 SW 61ST ST</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI, FL 0</b>	1.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>ST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, CANDY</b>	2.2 NAME	
STREET ADDRESS	<b>10879 NW 7 ST #24</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL 0</b>	2.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<del><b>V</b></del>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del><b>RODRIGUEZ, MARINO R</b></del>	3.2 NAME	
STREET ADDRESS	<del><b>7845 NW 57TH ST</b></del>	3.3 STREET ADDRESS	<b>V</b> <b>RODRIGUEZ, MARINO R.</b> <b>7869 N.W. 57th. Street.</b> <b>Miami, Florida. 33166</b>
CITY- ST- ZIP	<del><b>MIAMI FL</b></del>	3.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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)(k), 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: \_\_\_\_\_ Candy Gonzalez. Sec. 04/16/96 (305) 594-2911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E034 (12/95)