

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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # 400351 (3)

1. Corporation Name
ROSAIR AIR CONDITIONING CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
~~XXXXXXXXXX~~
~~XXXXXX~~
~~XXXXXX~~
~~XXXX~~

Mailing Address
 PO BOX 661006
 PO BOX 661006
 MIAMI FL 32266-1006
 US

3. Date Incorporated or Qualified
05/02/1972

2. Principal Place of Business
21 7869 N.W. 57th. Street
 Suite, Apt. #, etc.
22 Miami
 City & State
23 Florida
 Zip
24 33166 Country
25 DADE

2a. Mailing Address
 Suite, Apt. #, etc.
27
 City & State
28
 Zip
29 Country
30

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
GONZALEZ, CANDY
~~XXXXXXXXXX~~
~~XXXXXX~~
~~XXXXXX~~
~~XXXX~~

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 **85 Zip Code FL 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 **CANDY GONZALEZ, ST.** *[Signature]* **1/8/98**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, HERIBERTO	1.2 NAME	
STREET ADDRESS	12850 SW 61ST ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 0	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, CANDY	2.2 NAME	
STREET ADDRESS	10879 NW 7 ST #24	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 0	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MARINO R.	3.2 NAME	
STREET ADDRESS	7869 NW 57TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 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: *[Signature]* **CANDY GONZALEZ, ST.** **1/8/98** **(800) 294-2911**

CR2E034 (10/97)