Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90066 027 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCU	MENT # 56624	6				ĺ					
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MPERM	al air conditioning se	:RVICE, INC.									
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Principal Plac	ce of Business	Mailing Addr	ress				* *************************************			, 61011 61611 1881	
2500 SW 80 A		2500 SW 80									
Miami FL 331: US	55	MIAMI FL 331 US	155				DO	NOT WRITE IN	THE COACE		
03		00				3 1	Date Incorporated o		THIS SPACE		٦
							02/14/1978	r Quamed	•		
2. Principal F	Place of Business	2a. Mailing A	Address				FEI Number	·	l l A	pplied For	1
21		26					59-1800691			ot Applicable	1
Suite, Apt.	. #, etc.	Suite, Apt	t. #, etc.						CO 75	Additional	1
22		27				5. 0	Certifcate of Status	Desired 🙇		tequired	
City & Stat	te	City & Sta	ate		. ,	6. 6	Election Campaign I	Financing	\$5.00	May Be	1
23		28				1	Frust Fund Contribu	· 11.		to Fees	ŀ
Žip	Country	Zip		Country		8. 1	This corporation ow	es the current ye	ear Intangible		1
24	25	29	30	0			Personal Property T		A Yes	□No	
	9. Name and Address of Curre	ent Registered Age	ent		3	10.	Name and Address	of New Regis	tered Agent	 _]=
MAC	CHIN, RICARDO J			81	Name						
	0 SW 34 TERR			82	Street Addr	ress (P.0	D. Box Number is N	ot Acceptable)			
	MI FL 33144								*		1
MIA											
MIA	IVII FL 33144			83							
MIA	IVII FL 33144			83	City				85 Zip	Code	
				84	-				FL!	Code	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Fi	lorida Statutes,	84	e-named com	ooration :	submits this statem	ent for the purpo	FL	registered	
11. Pursuant office or r		e of Florida. Such ch	hange was auth	84 , the above	-named corp	oration s	submits this statem rd of directors. I he	ent for the purporeby accept the	FL	registered	
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida. Such ch gations of, Section 60	hange was auth 07.0505, Florida	the above norized by a Statutes.	e-named corp the corporatio	on's boa	rd of directors. I he	reby accept the	DE	registered	
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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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP