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

MIAMI FL 33186

2a. Mailing Address

City & State

29

9. Name and Address of Current Registered Agent

Suite, Apt. #, etc

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P93000083373 (9)

AIR MECHANICAL CORP.

25

ABREU. ROLANDO 14215 SW 117TH STREET

MIAMI FL 33186

Principal Place of Business

14215 SW 117TH STREET MIAMI FL 33186

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

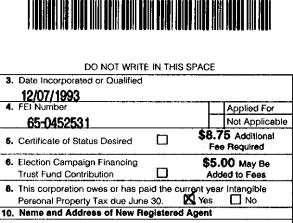
23

24

Zip

Mailing Address 14215 SW 117TH STREET

FILED Mar 06 1998 8:00am Secretary of State



Zip Code 85 11. Pursuant to the provisions of Sections 607.05:02 and 607.15:08, 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. Land annual accept the objection 607.05:05. Florida Statutes.

Country

82

63

Name

Street Address (P.O. Box Number is Not Acceptable)

agons 1 art forming with and accept the orniginants of circles of controlled orations.						
SIGNATURE Stignature typed or protect owner of registered agent and total regulated by: (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	DELFTE	1.1 TATLE		☐ Change	Addition
NAME	ABREU, ROLANDO		1.2 NAME			
STREET ADDRESS	14215 SW 117TH STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186-8637		1.4 CITY-ST-ZIP			
TITLE	\$VD	DELETE	21 TITLE		☐ Change	Addition
NAME	ABREU, ALINA		2.2 NAME			
STREET ADDRESS	14215 SW 117TH STREET		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186-8637		2 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

14. Thereby certify that the information explained with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic indicated on this annual report of supplied entail annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the conformation of the receiver or trustee emptwood to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged, go on an attractiment with an address. with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information

SIGNATURE