

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 11:20

DOCUMENT # 676817 (0)

1. Corporation Name

C.P. AIR CONDITIONING, INC.

Principal Place of Business

1565 NW 88TH AVE
MIAMI FL 33172

Mailing Address

1565 NW 88TH AVE
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/21/1980

3a. Date of Last Report

06/10/1994

4. FEI Number

59-2017245

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEREZ, CARLOS M.
1175 MEADOW LARK AVENUE
MIAMI SPRINGS FL 33166

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PTD
PEREZ, CARLOS
1175 MEADOWLARK AVE.
MIAMI SPRINGS FL

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

PTD
PEREZ, CARLOS M.
7923 N.W. 163RD TERR.
MIAMI, FLA 33016

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
PEREZ, CARLOS M JR
1175 MEADOWLARK AVE
MIAMI SPGS FL

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY - ST - ZIP

VD
PEREZ, CARLOS M. JR.
7923 N.W. 163RD TERR.
MIAMI, FLA 33016

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
PEREZ, ZAIDA E.
1175 MEADOWLARK AVE.
MIAMI SPGS. FL

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY - ST - ZIP

SD
PEREZ, ZAIDA E.
7923 N.W. 163RD TERR.
MIAMI, FLA 33016

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP

☐ Change ☐ Addition

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6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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:

(CARLOS M. PEREZ)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 10TH/1995 (205)-827-9480
Date Daytime Phone #

CR2E034 (3/95)