

FILE NOW. FILING FEE AFTER MARCH 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

FILED

96 MAR 21 PM 3:16

DOCUMENT # L15522 (0)

1. Corporation Name

A & M AIR CONDITIONING AND HEATING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



AMENDED

Principal Place of Business

C/O MIGUEL RODRIGUEZ
7495 N.W. 7TH ST BAY 3
MIAMI FL 33126

Mailing Address

C/O MIGUEL RODRIGUEZ
7495 N.W. 7TH ST BAY 3
MIAMI FL 33126

3. Date Incorporated or Qualified **09/05/1989** 3a. Date of Last Report **03/06/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

Country

4. FEI Number

65-0147675

Applic

Not Ap

5. Certificate of Status Desired



**\$8.75 Addit
Fee Requir**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May
Added to Fe**

8. This corporation has liability for intangible tax under s 199.0
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RODRIGUEZ, MIGUEL
3841 SW 130TH AVE
MIAMI FL 33175

10. Name and Address of New Registered Agent

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 register 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 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, MIGUEL	
STREET ADDRESS	3841 SW 130TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DSTV	<input type="checkbox"/> DELETE
NAME	RAYON, AURORA	
STREET ADDRESS	3841 SW 130TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
1.2 NAME	LUIS RAYON
1.3 STREET ADDRESS	3841 SW 130 AVE
1.4 CITY-ST-ZIP	MIAMI, FL 33175
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
4.2 NAME	4000001753814
4.3 STREET ADDRESS	-03/21/96--01012--010
4.4 CITY-ST-ZIP	*****70.00 *****70.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
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 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 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:

AURORA RAYON 2/27/96 (305) 267-7

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone