Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90092 039 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9800093381

1. Corporation Name												
AMERICA'S ECONOMIC AIR CONDITIONING CORP.												
									I MBER MARK BE			! <b>!!                                   </b>
							1					
Principal Place of Business Mailing Address							1			0  3  0     30	11(8) \$8	(8) 1181 1881
15125 S.W. 148TH PLACE 15125 S.W. 148TH PLACE												
MIAMI_FL 33196 MIAMI FL 33196												
; <del></del>	<u> </u>		•				. ~	DO NOT V		HIS SPACE		
							1	ncorporated or Qualit 4/1008	ed			
2 Principal Place of Business 2a, Mailing Address					11/04/1998 4. FEI Number					Anni	ied For	
							7.5	087329	77	-		Applicable
26     Suite Apt # etc.   Suite, Apt #, etc.							65	00 7000	•	\$8.7		ditional
					5. Certifcate of Status Desired				<b>7</b>	Req		
22					6. Election Campaign Financing \$5.00 May Be				lav Bo			
				Trust Fund Contribution				'9 🗆		ied to		
Zip	Country		Zip	Country	,		<del> </del>	orporation owes the o	urrent vear	Intangible		
24	25 29 30			30	• · · · · · · · · · · · · · · · · · · ·						]No ∤	
	9. Name and Address of Curre							and Address of Ne	w Register	ed Agent		
3, Hallie and Marioso of Outletin Registrost Tigot					ı	Name						
AMERILAWYER					+	Ctroot Addro	no (D.O. Box	x Number is Not Acce	ntable)			<del></del> i
343 ALMERIA AVENUE					Ϊ,	Street Addres	SS (F.O. DO)	K NUMBER IS NOT ACC	:ptable)			
CORAL GABLES FL 33134				83	十							
,					1						7:- 0-	
				84	'l '	City			F	EL  85	Zip Co	, and
11 -Pursuent	to the provisions of Sections 607.08	502 and 60	7-1508.:Florida Statute	s, the abov	e-n	named corpor	ration subm	its.this statement for	the purpose	of changin	g its r	egistered
l office or re	egistered agent, or both, in the Stat	e of Florida	a. Such change was au	thonzed by	/ tne	e corporation	n's board of	directors. I hereby ac	cept the ap	pointment a	s regi	stered
agent. i ai	m familiar with, and accept the oblig	gauons oi,	Section 607.0303, Flori	ua Statutes	3.							
SIGNATURE	Signature, typed or printed name of registered as	nent and tibe if	applicable. {NOTE:	Registered Age	mt si	ignature required	when reinstating	)	DATE			
12.	OFFICERS A			13.			ADDITE	ONS/CHANGES TO	OFFICERS	AND DIRE	CTOR	S IN 12
TITLE	PSTD DELETE 1.1 TI			1,1 TITLE						☐ Cha	nge	☐ Addition
NAME }				1.2 NAME	NAME					ĺ		
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CITY-ST-ZIP	ANABA EL COACO			1,4 CITY-S	ST-Z	ZIP						
TITLE			2.1 TITLE	2.1 TITLE					☐ Cha	nge	☐ Addition	
NAME	2.2 №		2.2 NAME	2.2 NAME								
STREET ADDRESS	235		2.3 STREE	2.3 STREET ADDRESS								
CITY-ST-ZIP	2.40		2. 4 CITY-	2, 4 CITY-ST-ZIP								
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NAME				3.2 NAME		1						)
STREET ADDRESS				3.3 STREE	TAC	ODRESS						
CITY-ST-ZIP				3.4. CITY-	ST-Z	ZIP ;						
TITLE	-		☐ DELETE	4.1 TITLE						☐ Cha	nge	☐ Addition
NAME	-			4, 2 NAME								
STREET ADDRESS				4.3 STREE	T A[	DDRESS						1
CITY-ST-ZIP				4.4 CITY-5	ST-Z	ZIP						
TITLE			DELETE	5.1 TITLE	_			<del></del>		☐ Cha	nge	☐ Addition
NAME				5.2 NAME								
STREET ADORESS				5.3 STREE	TAE	DDRESS						
CITY-ST-ZIP				5.4 CITY-9	ST-Z	ZIP					_	
TITLE			☐ DELETE	6.1 TITLE						☐ Cha	nge	☐ Addition
NAME .	•			6.2 NAME								

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

