

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90017 012 ***150.00

DOCUMENT # P98000044773
1. Corporation Name
CANE AIR CONDITIONING & INSTALLATION, INC.



Principal Place of Business
11765 S.S. 18TH ST
#9
MIAMI FL 33175

Mailing Address
11765 S.S. 18TH ST
#9
MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/18/1998

2. Principal Place of Business
21 **790 NW 131 AVE.**
Suite, Apt. #, etc.
22
City & State
23 **MIAMI**
Zip
24 **33182** Country
25

2a. Mailing Address
26 **790 NW 131 AVE.**
Suite, Apt. #, etc.
27
City & State
28 **MIAMI**
Zip
29 **33182** Country
30

4. FEI Number
65-0836757 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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MACIAS, LEONARDO O
11492 QUAIL ROOST DR.
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name **MACIAS, LEONARDO O**
82 Street Address (P.O. Box Number is Not Acceptable)
11354 QUAIL ROOST DR.
83
84 City **MIAMI** FL 85 Zip Code
33157

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 reinstating)

DATE

7/31/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DE LA NOVAL, ERNESTO	
STREET ADDRESS	11765 S.S. 18TH ST	
CITY-ST-ZIP	MIAMI FL 33175	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DE LA NOVAL, ERNESTO	
1.3 STREET ADDRESS	790 NW 131 AVE.	
1.4 CITY-ST-ZIP	MIAMI FL 33182	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

DE LA NOVAL, ERNESTO

7/31/99 205.2286620

CR2E034 (5/99)

P48000044773
603594-9007-12

CANE AIR CONDITIONING & INSTALLATION, INC.

790 NW 131ST AVE * MIAMI, FL 33182-2393
PHONE: (305) 228-6620 * FAX: (305) 220-3538

MIAMI, AUGUST 2ND, 1999

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

REF: DOCUMENT P98000044773

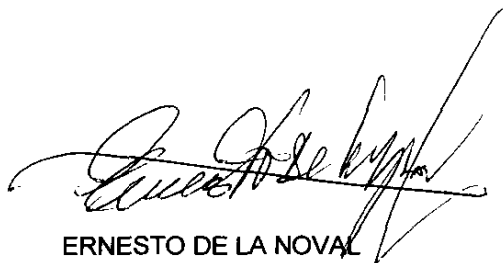
DEAR SIR:

WE MOVED TO THIS NEW ADDRESS ON OCTOBER OF LAST YEAR AND WE
DIDN'T RECEIVE THE DOCUMENTATION TO RENEW OUR CORPORATION.

WE KINDLY REQUEST YOU MITIGATE THE PENALTY FOR NON FILING THE
CORPORATION ON TIME.

WE ARE ENCLOSING CHECK FOR \$150.00

SINCERELY,



ERNESTO DE LA NOVAL

ED/MMD