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

L

FILED
Sep 16, 1999 8:00 am
Secretary of State
09-16-1999 90002 030 ***150.00

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DOCUMENT # 371237

1. Corporation Name
MOBILAIRE MECHANICAL CONTRACTOR, INC.

Principal Place of Business
8438 NW 56TH STREET
MIAMI FL 33166

Mailing Address
8438 NW 56TH STREET
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
10/13/1970

2. Principal Place of Business
21 8052 SW 90 AVE
Suite, Apt. #, etc.
22
City & State
23 MIAMI FL.
Zip 24 33173 Country 25 DADE

2a. Mailing Address
26 8052 SW 90 AVE
Suite, Apt. #, etc.
27
City & State
28 MIAMI FL.
Zip 29 33173 Country 30 DADE

4. FEI Number
59-1372711
☐ Applied For
☐ Not Applicable

5. Certifcate 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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MOJICAR, LUIS
8052 SW 90 AVE
MIAMI FL 33173

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MOJICAR, LUIS F.	
STREET ADDRESS	3435 S W 13 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	☐ DELETE
NAME	MOJICAR, NORMA D.	
STREET ADDRESS	3435 S W 13 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	MOJICAR LUIS F	
1.3 STREET ADDRESS	8052 SW 90 AVE	
1.4 CITY-ST-ZIP	MIAMI FL 33173	
2.1 TITLE	TD	☐ Change ☐ Addition
2.2 NAME	MOJICAR NORMA D	
2.3 STREET ADDRESS	8052 SW 90 AVE	
2.4 CITY-ST-ZIP	MIAMI FL 33173	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 8/28/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)