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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 40035

(3)

ROSAIR AIR CONDITIONING CORP.

FILED Jan 28 1997 8:00am Secretary of State



	ce of Business	Mailir	ng Address				a tilling mellet felten mastill besom merke benk.	# P P P P P P P	ili Asak Al ik i	
7800 NW 57TH SUITE B MIAMI EL 33H		PO B MIAM	PO BOX 661006 PO BOX 661006 MIAMI FL 33268-1006 US							
118		US				3. Date incorporated or Qualified 05/02/1972	05/02/1972 04/24/1996			
2. Principal P	lace of Business	2a. M	ailing Address				4. FEI Number	<u> </u>	Ag	oplied For
	N.W. 57th. Str						59-1396191			ot Applicable
Suite, Apt	#, etc.	27 S	uite. Apt #, etc.				5. Certificate of Status Desired			Additional equired
City & Stat	i, Florida	28	ty & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ζιρ	Country	Z	p		Country		8. This corporation has liability for in	Mangible to	ax under s	199.032,
331	11	29		30				Yes 🗌		
	9. Name and Address of Cu	urrent Register	ed Agent				10. Name and Address of New Rec	Istered A	gent	
	NZALEZ. CANDY				81	Name				
786	99 NW 571/h.STREET			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)	,		
Mia	MI FL 33168				83					
					84	City		FL	85 Zip	Code
office or r agent. La SIGNATURE	am familiar with, and accept the c	obligations of, S	ection 607.0505,	Fiorida 9	Statute	s	ation's board of directors. I hereby accep	t the appo	intment as	registered
	Signatury sypoid or printed name of register					ni signature rec	juired when reinstating)	DATE		
12.	OFFICER:	S AND DIRECTO	DELETE		3.		ADDITIONS/CHANGES TO OFFIC		Change	Additio
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I do 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 in the corporation or the facely or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or clock 18 if changed, or on an attachment with an address.

SIGNATURE

AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR