FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 529284 (2)

1. Corporate Name
SUN-AIR AIR CONDITIONING CO., INC.

Principal Place of Business:
13640 NW 19 AVE BAY 2
OPA LOCKA FL 33054

Mailing Address:
13640 NW 19 AVE BAY 2
OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1977
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-1733020 — 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 has an interest in ... Florida Statutes — Yes / No

2. Principal Place of Business: 21 17164 NW 2ND CT. | 22 Suite, Apt. # etc. | 23 City & State: North Miami BEACH, FLA | 24 Zip: 33169 | 25 Country: USA

2a. Mailing Address: 26 6970 W 2ND WAY | 27 Suite, Apt. # etc. | 28 City & State: HIALEAH, FLA. | 29 Zip: 33014 | 30 Country: U.S.A.

9. Name and Address of Current Registered Agent

WALLACE, ROBERT A
6970 W. 2ND WAY
HIALEAH FL 33014

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALLACE, ROBERT A
STREET ADDRESS	6970 W. 2ND WAY
CITY-ST-ZIP	HIALEAH FL
TITLE	STD
NAME	HAMPE, VIRGINIA H.
STREET ADDRESS	1623 N.E. 142ND STREET
CITY-ST-ZIP	N. MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blocks, each: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — Change / Addition; all blank)

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)(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: *Robert A. Wallace* — 4/27/95 — 305-769-3741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT A. WALLACE

0424660 FP