

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

FILED

Feb 14 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 565555

(0)

1. Corporation Name

AIRPRO AIR CONDITIONING, INC.



Principal Place of Business

331 NW 136 AVE.  
MIAMI FL 33182

Mailing Address

331 NW 136 AVE.  
MIAMI FL 33182-19523. Date Incorporated or Qualified  
01/23/19783a. Date of Last Report  
05/01/19964. FEI Number  
59-1796226Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

2. Principal Place of Business

21 10403 SW 4 ST

Suite Apt. #, etc.

22

City &amp; State

23 Miami FL

Zip

24 33174

Country

25 USA

2a. Mailing Address

26 10403 SW 4 ST

Suite Apt. #, etc.

27

City &amp; State

28 Miami Florida

Zip

29 33174

Country

30 USA

9. Name and Address of Current Registered Agent

MORALES, WALTER  
10403 S.W. 4TH ST  
MIAMI FL 33174

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETENAME MORALES, WALTER  
STREET ADDRESS 10403 SW 4TH ST  
CITY-ST-ZIP MIAMI FLTITLE V ☐ DELETENAME CUEVAS, LUIS  
STREET ADDRESS 331 NW 136TH AVE  
CITY-ST-ZIP MIAMI FLTITLE ST ☒ DELETENAME CUEVAS, HAIDA  
STREET ADDRESS 331 NW 136TH AVE  
CITY-ST-ZIP MIAMI FLTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ST ☐ Change ☒ Addition1.2 NAME Mirta Morales  
1.3 STREET ADDRESS 10403 SW 4 Street  
1.4 CITY-ST-ZIP Miami FL 331742.1 TITLE ☐ Change ☐ Addition2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-97

553-3997

CR2E034 (9/96)