FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 565777

1. Corporation Name
AirCon Systems Inc

Principal Place of Business
17805 NW 79 Ct
Hialeah, Fl. 33015

Mailing Address

3. Date Incorporated or Qualified: 1978
3a. Date of Last Report: 1996

2. Principal Place of Business (21): 17805 N.W. 79 Ct
Suite, Apt. #, etc. (22):
City & State (23): Hialeah
Zip (24): 33015 Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28): FL
Zip (29): 33015 Country (30):

4. FEI Number: 59-1798679 ☐ 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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Armando F. Hidalgo
17805 NW 79 Ct
Hialeah, Fl. 33015

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 of new registered agent, if changed, and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: President
NAME: Armando F. Hidalgo
STREET ADDRESS: 17805 N.W. 79 Ct.
CITY-ST-ZIP: Hialeah, Fl. 33015
☐ DELETE

TITLE: Dir.
NAME: Eva Hidalgo
STREET ADDRESS: 3421 SW 19 ST
CITY-ST-ZIP: Miami Fl 33145
☐ DELETE

TITLE: S/T
NAME: Hidalgo, Caroline
STREET ADDRESS: 17805 NW 79 Ct
CITY-ST-ZIP: Hialeah, Fl. 33015
☐ DELETE

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ DELETE

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ DELETE

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

4/4/23/97

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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 a director or officer 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: Caroline Hidalgo 4/20/97 305-822-2804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Caroline Hidalgo