FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

589628 **DOCUMENT #** 1. Corporation Name

(7)

SOUTH FLORIDA AIR DUCT, INC.								
Principal Place of	Business	Mailing Address			1 Januar Borby Jarrit range angla presi			
16600 SW 91 AVE MIAMI FL 33157 US		16600 SW 91 AVE Miami FL 33157 US						
				3. Date Incorporated or Qualified 10/06/1978	1	of Last Report 21/1995 Applied For		
2. Principal Place of Business		2a. Mailing Address	├ 1		4. FEI Number Applied For S9-1858702 Not Applied For			
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional		
Suite, Apt #,	etc.	27					Fee Required	
City & State		City & State		Election Carupaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
23	Country	28 Zip	Country	2	8. This corporation has liability for	ntangible ta		
Zip 24	Country 25		30		Florida Statutes	X No		
.41	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	legistered A	gent	
			81			. 		
GRANDY,	, william H.		82	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)		
	W. 91 AVE.		83					
miami, fi	L		0.1				85 Zip Code	
			84			FL	11	
SIGNATURE .	signarine types or prises can in other steams as				ration submits this statement for the purif of directors. I hereby accept the appropriate the statement for the purificulty accept the appropriate for the statement of the stat	DATE		
12.		DELETE	1 1 101.6	[-			Change Addition	
TITLE NAME	PD Grandy, William H.	-	1.2 NAME					
STREET ADDRESS	16600 S.W. 91 AVE		1.3 STREE	1 ADDRESS				
CITY-ST-ZIP	MIAMI FL		14 Cl' Y				Change Addition	
TITLE		☐ DELETE	2 1 TITLE 2 2 NAME	1		_		
NAME				-LADORESS				
STREET ADDRESS			2.4 CHY-				Add tigo	
CITY-ST-ZIP TITLE		☐ DELETE	3 1 11/11/16			ĭ	Criange Addition	
NAME			3.2 NAME		1000017	의도간	n t	
STREET ADDRESS			1.	ET ADDRESS	1 000017 -04/26/9603	0 150	26	
CITY-ST-7IP		DELETE	3.4 C(f) 4.1 T TL		***200.00		Change Addition	
TITLE NAME		_	4.2 NAM	E				
STREET ADDRESS				ET ADDRESS				
CITY - ST - ZIP		FROUTE	4.4 CITY				Change Addition	
TITLE		☐ DELETE	5 1 THL 5 2 NAM					
NAME				EL ADDRESS				
STREET ADDRESS CITY-ST-ZIP				- ST - ZIF			Change C Addition	
TITLE		DELETE	6 11110	i			Change Addition	
NAME			. 6 2 NAM					
STREET ADDRESS			CACITY	ELLADORESS ST-ZiP				
CITY-ST-ZIP	sy cortify that the information sunol	ed with this fing is voluntarily furn			y for the exemption stated in Section 1 trate and that my signature shall have t	19.07(3):k), F	lorida Statutes. I further	
certify tha	it the information indicated on this t t am an officer or director of the or n Block 12 or Block 13 if changed,	proporation or the receiver or truster or on an attachment with an addi	e empowere ress.	id to execute	this report as required by Chapter 607	, Florida Stati	res; and that my hame.	
SIGNAT	TURE: NIGNATURE AND TYPE	ON PRINTER NAME OF SIGNING OFFICE	CH AN DIRECTO	os y	Date	50 4	15+6383 503,614,614,614	