

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 PM 12:12

DOCUMENT # **680777** (0)
1. Corporation Name
ALBERT'S AIR-CONDITIONING CORP.

Principal Place of Business Mailing Address
~~792 RIO VISTA DRIVE~~ ~~C/O ALBERTO PEREZ~~ ~~MIAMI SPRINGS FL 33166~~
~~792 RIO VISTA DRIVE~~ ~~C/O ALBERTO PEREZ~~ ~~MIAMI SPRINGS FL 33166~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/01/1980** 3a. Date of Last Report **04/11/1994**

4. FEI Number **59-2018046** 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

6. This corporation has liability for a registration fee under S. 129.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **37 South Royal Poinciana Blvd.** 25 **37 South Royal Poinciana Blvd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Miami Springs, Florida** 28 **Miami Springs, Florida**
Zip Country Zip Country
24 **33166** 25 **U.S.A.** 29 **33166** 30 **U.S.A.**

9. Name and Address of Current Registered Agent
PEREZ, ALBERTO
~~792 RIO VISTA DRIVE~~
~~MIAMI SPRINGS FL 33166~~
10. Name and Address of New Registered Agent
81 Name **Alberto Perez**
82 Street Address (P.O. Box Number is Not Acceptable) **37 South Royal Poinciana Blvd.**
83
84 City **Miami Springs** FL 85 Zip Code **33166**

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 of applicant)

(NOTE: Registered Agent signature required when transferring)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ALBERTO	12 NAME	
STREET ADDRESS	792 RIO VISTA DRIVE	13 STREET ADDRESS	37 SOUTH ROYAL POINCIANA BLVD
CITY ST ZIP	MIAMI SPRINGS FL	14 CITY ST ZIP	MIAMI SPRINGS, FLORIDA 33166
TITLE	STD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, IRENE	22 NAME	
STREET ADDRESS	792 RIO VISTA DRIVE	23 STREET ADDRESS	37 SOUTH ROYAL POINCIANA BLVD.
CITY ST ZIP	MIAMI SPRINGS FL	24 CITY ST ZIP	MIAMI SPRINGS, FLORIDA 33166
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-95 (305) 883-8200
(Date) (Telephone Number)