

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT STATE
Sandra B. Morth
Secretary of St
DIVISION OF CORPCTIONS

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

Principal Place of Business
**37 S. ROYAL POINCIANA BLVD.
MIAMI SPRINGS FL 33166
US**

Mailing Address
**37 S. ROYAL POINCIANA BLVD
MIAMI SPRINGS FL 33166
US**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/01/1980	3a. Date of Last Report 06/19/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2018046	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ALBERTO PEREZ 37 S. ROYAL POINCIANA BLVD MIAMI SPRINGS FL 33166	81. Name	10. Name and Address of New Registered Agent
	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 agent 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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	2. NAME
PD	PEREZ, ALBERTO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	37 S. ROYAL POINCIANA BLVD	1.3 STREET ADDRESS	
	MIAMI SPRINGS FL 33166	1.4 CITY - ST - ZIP	
STD	PEREZ, IRENE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	37 S. ROYAL POINCIANA BLVD	2.2 NAME	
	MIAMI SPRINGS FL 33166	2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 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 119.07(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 on an attachment with an address.

SIGNATURE: *Alberto Perez* 2/7/96 (05) 883-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Phone #

CR2E034 (12/95)