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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F30407

(3)

JAY-RAY AIRCONDITIONING & REFRIGERATION, INC.

Principal Place of Business 10715 W 190 ST. #33

Mailing Address

10715 W 190 ST. #33

FILED Feb 06 1997 8:00am Secretary of State



MIAMI FL 33157		MIAMI FL 33157-7630							
						3. Date Incorporated or Qualified 05/21/1981		te of Last)1/1996	
2. Principal Place o		2a. Mailing Address				4. FEI Number			Applied For
21 Jay-Ray	y A/C & Ref.	26 Jay-Ray	A/C 8	N I	Ref.	59-2092479			Not Applicable
Suite, Apt. #, etc 22 19110 S	SW 177 Ave #111	Suite, Apt. #, etc. 27 19110 SW	177	A	ve #111	5. Certificate of Status Desired			5 Additional Required
City & State 23 Miami,	Florida	City & State 28 Miami,	Flor	a.	а	Election Campaign Financing Trust Fund Contribution			0 May Be ed to Fees
Ζip	Country	Zip	Cou	ntry	•	8. This corporation has liability for it	ntangible	tax unde	rs. 199.032,
24 33187	25 USA	33187	30 Ū	JS.	A	Florida Statutes	Yes [] No	
9.	Name and Address of Current F	Registered Agent				10. Name and Address of New Re	lstered /	Agent	
	LESLIE A			81	Name				ı
	W 208 STR			82	Street Addres	ss (P.O. Box Number is Not Acceptab	le)		
MIAMI FL	. 33187			83			,.		
i								1221 -	
				84	City		FL	85 Z	ip Code
office or reaistd	provisions of Sections 607,0502 a cred agent, or both, in the State of inhar with, and accept the obligation	Florida, Such change was ons of, Section 607,0505, F	authorize Torida Stat	d by utes	the corporatio	ration submits this statement for the p n's board of directors. I hereby accep	t the app	ointment	as registered
	are, fysical or printed name of regularied agent a			Age	ent signature required		DATE		555141-15
12.	OFFICERS AND I		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	☐ Chang	
TITLE P	NDER, LESLIE A	[_] DELETE	1.1]]					LL Cliany	e L. Audilion
1 400	895 SW 208 ST		1.2 N/		ADDRESS				
LAN	AMI, FL 00000							-	
CITY+ST-ZIF MIV	Anii i E aaaaa	DELETE	2.1 TI		IT-ZIP			Chang	e Addition
l	NDER, JAMES		2.2 N/					•	
	875 SW 164 ST				AODRESS	•			
	AMI FL				ST-ZIP				
TITLE		DELETE	3.1 TI	TLE				Chang	e Addition
NAME		•	3.2 N/	ME		·			
STREET ADDRESS			3.3 S	REET	ADDRESS				
CITY-ST-7IP			3.4. C	iTΥ- !	ST-ZIP				
TITLE		☐ DELĒTE	4.1 1	Ίŧ					je Addition
NAME			4.2 N						
STREET ADDRESS					ADDRESS				
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NAME			5.2 N		ADDOCCO				
STREET ACORESS					ADDRESS	•			
CHY-ST-ZIP TITLE		DELETE	54 U		ST-ZIP			Chang	e Addition
		<u> </u>	62 N						
NAME SYREET ADDRESS					ADDRESS				
] !					ST-ZIP				
CITY-S1-7IP		The state of the s	040	11.0	or-til	- C 440 07(0)() Florida Ciat 4a	a C. C. catherin		ant the

14. I do hereby cert fy 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 eath; 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