


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

FILED

Apr 08 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 # F76198 (3)					
1. Corporation Name ROYCE AIR CONDITIONING, INC.					
Principal Place of Business 9695 NW 79TH AVENUE HIALEAH GARDENS FL 33016			Mailing Address 9695 NW 79TH AVENUE HIALEAH GARDENS FL 33016-2508		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/13/1982		3a. Date of Last Report 04/23/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2187864		Applied For 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		7. 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 LOPEZ, ARMANDO J 7090 W. 3RD AVE HIALEAH FL 33014				10. Name and Address of New Registered Agent			
81 Name							
82 Street Address (P.O. Box Number is Not Acceptable)							
83							
84 City				85 Zip Code FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LOPEZ, ARMANDO J 7090 W. 3RD AVE HIALEAH FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, ARMANDO J	1.2 NAME	
STREET ADDRESS	7090 W. 3RD AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	1.4 CITY - ST - ZIP	
TITLE	SD LOPEZ, NORMA 7090 W. 3RD AVE HIALEAH FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, NORMA	2.2 NAME	
STREET ADDRESS	7090 W. 3RD AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	2.4 CITY - ST - ZIP	
TITLE	TD LOPEZ, ROYCE 10375 S.W. 8TH TERRACE MIAMI FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, ROYCE	3.2 NAME	
STREET ADDRESS	10375 S.W. 8TH TERRACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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:  **Armando Lopez** 4/7/97 305-558-0691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)