

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G22528** (5)

1. Corporation Name
TEMPROL AIR CONDITIONING, INC.



Principal Place of Business: **4215 S.W. 72ND AVENUE MIAMI FL 33155-4510**
Mailing Address: **4215 S.W. 72ND AVENUE MIAMI FL 33155-4510**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 County
25
2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified: **01/24/1983**
3a. Date of Last Report: **02/02/1995**
4. FEI Number: **59-2253139**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**LOPEZ, RAYMOND
6040 SW 118TH ST.
MIAMI FL 33156**

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 607.0532 and 607.1506, 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 of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE	DPV	<input type="checkbox"/> DELETE
12.2 NAME	LOPEZ, RAYMOND	
12.3 STREET ADDRESS	6040 SW 118 ST.	
12.4 CITY, STATE, ZIP	MIAMI, FL 00000	
12.5 TITLE	M	<input type="checkbox"/> DELETE
12.6 NAME	LOPEZ, RAYMOND	
12.7 STREET ADDRESS	6040 SW 118 ST.	
12.8 CITY, STATE, ZIP	MIAMI, FL 00000	
12.9 TITLE	C	<input type="checkbox"/> DELETE
12.10 NAME	LOPEZ, RAYMOND	
12.11 STREET ADDRESS	6040 SW 118 ST.	
12.12 CITY, STATE, ZIP	MIAMI, FL 00000	
12.13 TITLE	STD	<input type="checkbox"/> DELETE
12.14 NAME	LOPEZ, MIRIAM	
12.15 STREET ADDRESS	6040 SW 118 ST	
12.16 CITY, STATE, ZIP	MIAMI FL	
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, STATE, ZIP		
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY, STATE, ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY, STATE, ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY, STATE, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntary, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ray Lopez

Ray Lopez Pres. 2/8/96

(305) 662-7777

CR2E034 (12/95)