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

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (8)DOCUMENT # Corporation Name MR. KOOL AIR CONDITIONING SERVICE, INC. Principal Place of Business Mailing Address 6909 N.W. 50 STREET 6909 N.W. 50 STREET MIAMI FL 33166 MIAMI FL 33166 3a. Date of Last Report 3. Date Incorporated or Qualified 03/22/1983 02/03/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2280688 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s 199.032, Country Zφ Country Zip ☐ Yes ☐ No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) ZABALA, FELIX 82 2821 S.W. 109 AVE. 83 MIAMI FL 33165 84 City 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 office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typed or princed hallier of registrood apect and life it audit in the rematidately) (NOTE: Ring stored Agend signal) CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 T-TUE DP TITLE 1.2 NAME NAME ZABALA, FELIX 2821 S W109TH AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI, FL 00000 1.4 CITY - \$1 - 7IP CITY - ST - ZIP [ ] Change Addition CELFIE 2 1 TIT: F TITLE ZABALA, DOMINGA 2.2 NAME NAME 2821 SW 109TH AVE. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2.4 City - ST - ZiP CITY - ST - ZiP Addition Change DELETE 3 1 TrTLF TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP CITY - \$1 - ZIP Addition Change DELETE 4 1 DILE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZP 4 4 CHY - ST - ZIF DELETE Change Addition 5 | 11/LE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP ☐ Change ☐ Addition □ DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP CITY - ST - ZIP 14. To 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.

PRESIDENI

SIGNATURE:

April 8-1996 305-554-9584