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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**POCUMENT #**Corporation Name J86370

(0)

CENTRAL AUTO AIR, INC.

## **FILED** May 05 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				- I DBULLA GIR! JANIA BUNDA NINI HARN DAN DIBU DIBU DIBU BURU HIBIS DIBUK DI	hir illär	
1623 NE 1681 NORTH MIAM US	TH STREET II BEACH FL 33162	1623 NE 168TH STREET NORTH MIAMI BEACH FL 33162 US		•	DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address			08/10/1987 4. FEI Number   Applie	F
21		26			4. FEI Number Applied For Not Appliedble	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		······································	\$9.75 A	
22		27			5. Certificate of Status Desired Fee Requi	
City & State		City & State			Election Campaign Financing \$5.00 Ma	v Be
23		28			Trust Fund Contribution	
Zip			Count	ry	8. This corporation owes or has paid the current year Intangible	
24 25 29 30 30 9. Name and Address of Current Registered Agent			30]	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent		
				81 Name		
Nodarse, pastor 1623 ne 168th street			Ľ			
	PRTH MIAMI BEACH FL 33162		82 Street Ad		dress (P.O. Box Number is Not Acceptable)	
. 110	TITT MINIM DENOTITE SSTOR		8	3		
			ļ <u>.</u>	4 62		
			8	4 City	FL 85 Zip Coo	19
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 chang 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						gistered istered
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registere  12. OFFICERS AND DIRECTORS  13.				gent signature requ	vired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (I	
TITLE	PD OFFICERS AN	DELETE 1.1 TIT				Addition
NAME	PASTOR NODARSE, JR.	- Drittie	1.2 NAME		Onlings	" vogition
STREET ADDRESS	1623 NE 168TH STREET			T ADDRESS		18
CHY-ST-ZIP	NORTH MIAMI BEACH FL		1.4 CITY-			
TITLE	S	DELETE	2.1 TITLE		Change	Addition
NAME	PASTOR NODARSE, JR.		2.2 NAME			
STREET ADDRESS	4444 147 44471 67		2.3 STREE	T ADDRESS		İ
CITY-ST-Z#P	N MIAMI BEACH FL		2.4 CITY	-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME	NODARSE, PASTOR JR.		3.2 NAME			, [
STREET ADDRESS	1623 NE 168TH ST		3.3 STREE	T ADDRESS		ľ
CITY-ST-ZIP	NORTH MIAMI BEACH FL	Llogiere	3.4. CITY			
TITLE		☐ DELETE	4.1 TITLE		L Change L	_i Addition
NAME			4. 2 NAM	1		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-	ST-ZIP	Change	Addition
NAME		( DELETE	5.1 TITLE 5.2 NAME		change	_ Addition
STREET ADDRESS			1	T ADDRESS		- 1
CITY-ST-ZIP			5.4 CITY-			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME		_	6.2 NAME			
STREET ADDRESS				T ADDRESS		1
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		
44 11						

I 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 of trector of the corporation or the receiver of treatee empowered be 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: Pastor Nodarse

(954)524-1846