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FILED

Feb 06 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 # J91951 (0)
1. Corporation Name
COOL-BREEZE AIR CONDITIONING CORPORATION



Principal Place of Business
4748 SW 74TH AVE
MIAMI FL 33155

Mailing Address
4748 SW 74TH AVE
MIAMI FL 33155-4457

3. Date Incorporated or Qualified 09/14/1987
3a. Date of Last Report 02/26/1996

| | | | |
|--------------------------------|------------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 65-0010307 | Applied For Not Applicable |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 22 City & State | 27 City & State | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 23 Zip Country | 28 Zip Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 24 | 25 | 29 | 30 |

9. Name and Address of Current Registered Agent

CRAWLEY, LOURDES G.
4220 SW 156 PLACE
MIAMI FL 33185

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City FL 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------|--------|
| TITLE | P | DELETE |
| NAME | CRAWLEY, FRANK D. | |
| STREET ADDRESS | 4220 SW 156 PL | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | ST | DELETE |
| NAME | CRAWLEY, LOURDES G. | |
| STREET ADDRESS | 4220 SW 156 PLACE | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|--------|----------|
| 1.1 TITLE | Change | Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | Change | Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | Change | Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | Change | Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | Change | Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | Change | Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)