

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

Corrected Annual Report.

PROFIT CORPORATION ANNUAL REPORT 1996

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



DOCUMENT # **K34041**
1. Corporation Name
SANTY'S Air Conditioning & Ref.

Principal Place of Business Mailing Address
7531 NW 103ST MIAMI FL 33166

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

3. Date Incorporated or Qualified **9/26/1988** 3a. Date of Last Report **1/22/96**
4. FEI Number **65-0074320** 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
**BERTO S. Echevarria
2030 S.W. 61st Ave
MIAMI FL 33155**

10. Name and Address of New Registered Agent
81. Name **SANTIAGO UGAIDE**
82. Street Address (P.O. Box Number is Not Acceptable) **14201 SW 21 TRR.**
83. City **MIAMI** FL 85. Zip Code **33195**

11. Pursuant to the provisions of Sections 607.0502 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **6/24/96**

12. OFFICERS AND DIRECTORS

TITLE	President <input checked="" type="checkbox"/> DELETE
NAME	Berto Echevarria
STREET ADDRESS	2030 SW 61ST AVE
CITY-ST-ZIP	MIAMI FL 33155
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	SANTIAGO UGAIDE
13. STREET ADDRESS	14201 SW 21 TRR.
14. CITY-ST-ZIP	MIAMI FL 33195
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	800001907728 <input type="checkbox"/> Addition
62. NAME	-07/30/96--01050--021
63. STREET ADDRESS	***61.25
64. CITY-ST-ZIP	

14. I do 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.

SIGNATURE *[Signature]* **(Santiago) Ugaide** DATE **6/24/96** **884-5333**

CR2E084 (12/95)