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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

SANTY'S AIR CONDITIONING AND	REFR	IGERATION, INC.							
Principal Place of Business	Ma	ailing Address	-			1 10010111 000 HILL BIGH FORE	BIEST HEN BIRN	8484F B1814 3 44	(1) #1#H #1#H \$##1
7531 NW 70TH STREET	750	31 NW 70TH STREET							
MIAMI FL 33166		AMI FL 33166				DO NOT W	RITE IN THIS	SPACE	
US	US				3 Date	Incorporated or Qualife		OTAGE	
					I '	23/1988	,,,		
2. Principal Place of Business	2a	Mailing Address				Number		·	Applied For
–	26	Maning Address			1	0074320			Not Applicable
Suite, Apt. #, etc.	20	Suite, Apt. #, etc.							Additional
22	27	· · ·		. i.g.	5. Cert	ifcate of Status Desired		Fee	Required
City & State	1-1	City & State			6, Elec	tion Campaign Financin	9 🗆	\$5.0	O May Be
23	28	•			L	t Fund Contribution	* 🗆 _		d to Fees
Zip Country		Zip	Count	ry	8. This	corporation owes the cu	urrent year Ir	itangible	į
24 25	29		30			onal Property Tax.		☐ Yes	□No _
9. Name and Address of Curren	ıt Regis	tered Agent			10. Nan	ne and Address of Nev	v Registered	l Agent	
			8	1 Name					}
UGALDE, SANTIAGO			8	2 Street Add	dress (P.O. E	lox Number is Not Acce	ptable)		
14201 SW 21 TERR					`				
MIAMI FL 33195		` <u>.</u> .	8	3					
			8	4 City				85 Zi	p Code
			i i	1			<u> </u>	<u>- 1 1 </u>	
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State	2 and 6	07.1508, Florida Statutes	inorizeu L	ve-named corp	rporation sub tion's board o	mits this statement for t of directors. I hereby acc	he purpose o cept the appo	f changing pintment as	registered registered
agent. I am familiar with, and accept the obligation	itions of,	Section 607.0505, Florid	da Statute	es.					
agent. I am familiar with, and accept the obligat	itions of,	, Section 607,0505, Florid	da Statuti	es. 					
agent. I am familiar with, and accept the obligation SIGNATURE Signature, typed or printed name of registered agent	ations of,	f applicable. (NOTE: F	Registered A	ent signature require	ired when reinstati	ng)	DATE		
agent. I am familiar with, and accept the obligation of the obliga	ations of,	f applicable. (NOTE: F	Registered A	gent signature require	ired when reinstati		DATE	ND DIREC	TORS IN 12
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CITY-ST-ZIP 14. 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 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 extraction with an address, with all other like empowered.

6.4 CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone A