

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

**FILED**

**Feb 28 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 # K37199 (2)**

1. Corporation Name  
**A & B AIR CONDITIONING, INC.**



Principal Place of Business  
**216 SW 105TH PLACE MIAMI FL 33174**

Mailing Address  
**216 SW 105TH PLACE MIAMI FL 33174-1624**

3. Date Incorporated or Qualified  
**10/07/1988**

3a. Date of Last Report  
**04/29/1996**

2. Principal Place of Business  
21 Suite, Apt. #, etc.

2a. Mailing Address  
26 Suite, Apt. #, etc.

4. FEI Number  
**65-0102752**

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip Country

25 Country

29 Zip Country

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**RAMOS, ALBERTO  
216 SW 105TH PLACE  
MIAMI FL 33174**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>RAMOS, ALBERTO</b>	
STREET ADDRESS	<b>216 SW 105TH PLACE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>CUEVAS, LUIS</b>	
STREET ADDRESS	<b>331 NW 136TH AVE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>RAMOS, MARTA</b>	
STREET ADDRESS	<b>216 SW 105TH PLACE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>RAMOS, BARBARA</b>	
STREET ADDRESS	<b>216 SW 105TH PLACE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Alberto Ramos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-24-97**

CR2E034 (9/96)