PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90044 048 \*\*\*158.75

| DUCUMENT # K98369  |  |  |                                  |   |      |  |
|--|--|--|----------------------------------|---|------|--|
| READY A/C SHEETMETAL CORP.   |  |  |                                  |   |      |  |
|  |  |  |                                  | ) - I SADIATAI AND TAIAN TAIAN AND AND AND AND AND AND AND AND AND A  |      |  |
|  |  |  |                                  |   |      |  |
| Principal Place of Business  | Mailing Address  |  |                                  | 1   |      |  |
| 5755 N.W. 84TH AVENUE 5755 N.W. 84TH AVENUE MIAMI FL 33166 MIAMI FL 33166                                |  |  | ;                                | DO NOT WRITE IN THIS SPACE  |      |  |
|  |  |  |                                  | 3. Date incorporated or Qualifed 06/27/1989   |      |  |
| 2. Principal Place of Business   | 2a. Mailing Address  | _  |                                  | 4. FEI Number Applied Fo  | or   |  |
| 21 8500 NW 615T  | 26 8500 NW   | 6  | 151                              | 65-0132004 Not Applic   | able |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  |  |                                  | 5. Certificate of Status Desired \$8.75 Additions   | al   |  |
| 22   | 27   |  |                                  | Fee Required  |      |  |
| City & State  23 MAMI FL   | City & State 28 MIAMI /  | -2   | •                                | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees   |      |  |
| Zip Country 25 DADE  | Zip 33/66 30 Coo   | Intry<br>クイ                                  | 9DE                              | 8. This corporation owes the current year Intangible Personal Property Tax. Yes No  |      |  |
| Name and Address of Current Registered Agent   |  | 10. Name and Address of New Registered Agent |                                  |   |      |  |
|  |  | 81   | Name                             | ) ·   |      |  |
| BLANCO, OSCAR<br>3047 S.W. 19TH TERRACE<br>MIAMI FL 33145  |  | 82   | Street Addres                    | Address (P.O. Box Number is Not Acceptable)   |      |  |
|  |  | 83   |                                  |   |      |  |
|  |  | 84   | City                             | FL 85 Zip Code  |      |  |
| 11. Pursuant to the provisions of Sections 607.0502 office or registered again, or both, in the State of | and 607.1608 Florida Statutes, the a<br>f Florida. Supp change was authorize | bove<br>d by t                               | -named corpor<br>the corporation | ration submits this statement for the purpose of changing its register<br>i's board of directors. I hereby accept the appointment as registered | ed   |  |

жение очащее, то ароченатией согронацов submits this statement for the purpose or changing its register of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered on 607.0505, Florida Statutes. agent. I am familie 1-20-9 SIGNATURE NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change PVD □ D€LETE 1.1 MILE TITLE BLANCO, OSCAR 1.2 NAME NAME 3047 S.W. 19TH TERRACE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33145 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 City-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADORESS

5.1 TITLE

52 NAME

61 TITLE

6.2 NAME

64 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 supplier manannual report is true and accupate 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 officer or director of the corporation Block 12 or Block 13 if changes, or all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

Change

☐ Change

☐ Addition

Addition

CR2E034 (11/98)