FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90050 008 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 SEPTION 1999

1. Corporatio	AL HEAT AIR CONDITIONING	G, INC.						
D / 1 - 1 DI		A 6 - 12				_{	BUL BUCK ONNI B	
Principal Plac		Mailing Address						
8084 W. 21\$T STE. #10-C	COURT	8084 W. 21ST COURT STE. #10-C						
HIALEAH FL 33016 HIALEAH FL 33016						DO NOT WRITE IN THIS	SPACE	
US US						3. Date Incorporated or Qualifed		
	*					07/05/1989		ĺ
2. Principal Place of Business 2a, Mailing Address						4. FEI Number	Apr	plied For
21		26				65-0128185		t Applicable
Suite Apt.	#, etc.	Suite, Apt. #, etc.					\$8:75	dditional
22		27				5. Certifcate of Status Desired	Fee Re	quired
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Inta	ngible	
24	25	29	30			Personal Property Tax.		<b>4</b> №
	9. Name and Address of Current					10. Name and Address of New Registered	Agent	
				81	Name			
ALFARO, MIGUEL A			F	82	Ctroot Addro	ess (P.O. Box Number is Not Acceptable)		
7146 W 30TH AVE			-	02	Street Addre	ess (F.O. Box Number is Not Acceptable)		İ
HIALEAH FL 33016				83	· · · · · · · · · · · · · · · · · · ·			
•							<del></del>	
			ł	84	City	FL	85 Zip C	ode (
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes,				OVA-	named corpo		changing its	registered
office or r	egistered agent, or both, in the State o	of Florida. Such change was a	uthorized	by th	ne corporation	n's board of directors. I hereby accept the appoin	tment as reg	gistered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flo	nda Statu	tes.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered A	Agent s	signature required	when reinstating) DATE		<del></del>
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	DPS	☐ DELETE	1.1 TITL	E			☐ Change	Addition
NAME	ALEADO MICHELA		1.2 NAM	1.2 NAME				,
STREET ADDRESS	TALLO DEFOT SOTTA AUTORE				DORESS	··		1
CITY-ST-ZIP	HIALEAH FL 33016			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
TITLE				2.1 TITLE			Change	Addition
NAME	i i i		1		'		_ •	_
			2.2 NAME 2.3 STREET ADDRESS		DDDCSC			
STREET ADDRESS			2.4 CITY-S					· * -
CITY-ST-ZIP			3,1 7171		ZIP		Change	Addition
			3.2 NAM					
NAME					ADDESS			
STREET ADDRESS			1		DDRESS			
CITY-ST-ZIP		DELETE	3,4. CIT		ZIP		Change	Addition
TITLE			4.1 TITL				☐ Change	L Addition
NAME	_		4, 2 NA					}
STREET ADDRESS					DORESS			}
CITY-ST-ZIP		□ serette	4.4 CIT		ZIP		F101	
TITLE		☐ DELETE	5.1 TTTL				Change	Addition
NAME		•	5.2 NAA					ļ
STREET ADDRESS					DDRESS			İ
CITY-ST-ZIP				/-ST-2	ZIP			
TITLE		☐ DELETE	6.1 TITL				☐ Change	☐ Addition
NAME			6.2 NAM	ΛĒ				
STREET ADDRESS			6.3 STR	EET A	DORESS			ĺ

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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 . Daytime Phone #

R2E034 (11/98)