

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L59888** (2)
1. Corporation Name
GENESIS AIR CONDITIONING & REFRIGERATION, INC.

Principal Place of Business
**1090 WEST 45TH PLACE
HALEAH FL 33012**

Mailing Address
**1090 WEST 45TH PLACE
HALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/20/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0186772	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 § 198.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**MONTE, JORGE
1090 WEST 45TH PLACE
HALEAH FL 33012**

10. Name and Address of New Registered Agent

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 *Jorge Montes* *Jorge Montes* *5-1-95*
Registered Agent (print name of registered agent and title of corporation) (Signature of registered agent and when recording) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MONTE, JORGE	1.2 NAME	
STREET ADDRESS	1090 W. 45TH PLACE	1.3 STREET ADDRESS	
CITY, ST, ZIP	HALEAH FL	1.4 CITY, ST, ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	MONTE, MIGUEL	2.2 NAME	
STREET ADDRESS	1090 W 45 PL	2.3 STREET ADDRESS	
CITY, ST, ZIP	HALEAH FL	2.4 CITY, ST, ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	MONTE, EMMA	3.2 NAME	
STREET ADDRESS	1090 W 45 PL	3.3 STREET ADDRESS	
CITY, ST, ZIP	HALEAH FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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)(b), 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: *Jorge Montes* *Jorge Montes* *5-1-95* *5583513*
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Number)