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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99136

(8)

UNITED AIR CONDITIONING, CORP.

FILED
Jun 09 1997 8:00am
Secretary of State

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Principal Plac	e of Business	Mailır	Mailing Address P.O. BOX 141682 CORAL GABLES FL 33114-1682				t annicati nea thuin ining ining atti neat tiling atti neats didit bibli dibit didit indet			
P.O. BOX 1416										
CORAL GABLE	6 FL 33134	COHA	L GABLES PL 33114	1-1682						
							3. Date Incorporated or Qualified	3a. Dat	e of Last	Report
							09/12/1990		1/1996	
	Place of Business	2a, M	lailing Address				4. FEI Number			Applied For
21		26					65-0218523		1	lot Applicable
I SUILE. ADI.	#, etc.	Si	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	
22		27					5. Certificate of Status Desired		Fee F	Required
City & Stat	16		City & State				6. Election Campaign Financing	_	\$5.00	May Be
23		28					Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country		p	Cour	ntry		8. This corporation has liability for i			s. 199.032,
24	9. Name and Address	29 29 Current Bealston	od Amont	30			1	Yes [
040		s of Carrell Hegister	ed Agent		81	Name	10. Name and Address of New Re	gisterea A	gent	
	IBALLO, JOE			ľ	"	Name				
	1 SW 28TH ST				82	Street Add	fress (P.O. Box Number is Not Acceptab	le)		
MIAI	MI FL 33155			-	83					
					63					
				T T	84	City			85 Zip	Code
11.5								FL		
11. Pursuant office or r	to the provisions of Section registered agent, or both, i	ins 607.0502 and 607. In the State of Florida	1508, Florida Statul Such change was	les, the ab authorized	ove d by	-named cor the corpora	poration submits this statement for the p ition's board of directors. I hereby accep	urpose of d	hanging intment a	its registered
agent. La	m familiar with, and accep	of the obligations of, Se	ection 607.0505, FI	lorida Statu	utes.			A COLUMNIA SERVICE		o (bg/cib/cii
SIGNATURE								.,		
12.	Signature, typed or printed name o	FICERS AND DIRECTO		13.	Ager	nt signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DECTO	70.11.40
TITLE	PST	TOCHO AND DIRECTO	☐ DELETE	1.1 111	ı f		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	CARBALLO, JOE			1.2 NA						
STREET ADDRESS	8231 SW 28TH ST				-	ADDRESS				
CITY-ST-ZIP	MIAMI FL			1		- 1				
TITLE	D		DELETE	1.4 CIT		- 211"			Change	Addition
NAME	CARBALLO, JOE			2.2 NA				•	onongo	
STREET ADDRESS	8231 SW 28TH ST					ADDRESS	•			
CITY-ST-ZIP	MIAMI FL			2.4 CIT						
TITLE	my ym T G		DELETE	3.1 1111		1-211			Change	☐ Addition
NAME				3.2 NAN						
STREET ADDRESS	·					ADDRESS				
CITY-ST-ZIP				3.4. CIT						
TITLE			☐ DELETE	4.1 TITL		EH.			Change	Addition
NAME			-	4. 2 NA						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				4.4 CITY		- 1				
TITLE			DELETE	51 TITL					Change	Addition
NAME				5.2 NAN		1		•		
STREET ADDRESS						NDDRESS				
CITY-ST-ZIP				5.4 Cits						
TITLE			DELETE	6.1 TITL					Change	Addition
NAME				6.2 NAA				_		mond - money (O)
STREET ADDRESS				- I		ADDRESS				
CITY-ST-ZIP				6.4 CITY						
On 1-31-21		and a second second second second	11	0.4 CITY	1.21	- 2117				

4. 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:

5-31-97 (301) 267-820