FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 **DIVISION OF CORPORATIONS** DOCUMENT # M36493 P. V. AIR CONDITIONING, INC. Principal Place of Business Mailing Address C/O PEDRO J. VERA C/O PEDRO J. VERA 6035 WILEY STREET 6035 WILEY STREET HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 3. Date Incorporated or Qualified 3a. Date of Last Report 08/08/1986 03/09/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2707248 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 2ip Żφ Country 8. This corporation has liability for intangible tax under s 199,032. 24 25 29 30 ☐ Yes ☐ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VERA, PEDRO J. Street Address (P.O. Box Number is Not Acceptable) 82 **6035 WILEY STREET** HOLLYWOOD FL 33023 83 84 City 65 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (12/95) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TillEF DELETE 1. 1 THE Addition Change PEDRO J. VERA NAME 1.2 NAME 6035 WILEY ST. STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-719 14 City-St-ZIP TITLE DELETE 2 1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CL14 - S1 - ZIP 24 CITY - ST - ZIP 100 F DELETE 3 1 TIFLE Change Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-SI-ZIF 3 4 CiTY - ST - ZIP TILF DELETE 4. 1 TITLE Change [Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST ZIP 44 CITY-ST-ZIP TULE DELETE 5 1 Tille ☐ Change Addition NO.46 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CiTy - \$1 - 7if 5 4 CITY-ST-ZIP T:TEF DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - S1 - ZIP 64 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)(k), 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. FELLE T. WIW.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: