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

Block 12 or Block 13 if changed, or on an attachment with an address.

Feb 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)M36493 P. V. AIR CONDITIONING, INC. Principal Place of Business Mailing Address C/O PEDRO J. VERA C/O PEDRO J. VERA 7160 SW 9 ST 7160 S W9 ST DO NOT WRITE IN THIS SPACE PEMBROKE PINES FL 33023 PEMBROKE PINES FL 33023 3. Date Incorporated or Qualified 08/08/1986 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-2707248 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5, Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name VERA, PEDRO J. 7160 SW 9 ST Street Address (P.O. Box Number is Not Acceptable) 82 PEMBROKE PINES FL 33023 83 Zip Code 84 City 95 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 the if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition Change __ DELETE 11 TITLE TITLE PEDRO J. VERA 1.2 NAME NAME 7160 SW 9 ST 1.3 STREET ADDRESS STREET ADDRESS PEMBROKE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE Change 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 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TOLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 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

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