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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M44490

Principal Place of Business

RENE & SONS AUTO AIR CONDITIONING INC.

FILED
Feb 15, 1999 8:00am
Secretary of State
02-15-1999 90017 001 ****150.00

rinicipal Flac	e or business		Mailing Address									
C/O REINE HE	ERRERA		C/O REINE HERRERA									
681 N.W. 30TH STREET			681 N.W. 30TH STREET									
MIAMI FL 33127			MIAMI FL 33127				DO NOT WRITE IN THIS SPACE					
US			US				1	Incorporated or	Qualifed			
6 Date 1 - 1 - 1	N. (D.)							08/1987				· · · · · · · · · · · · · · · · · · ·
	Place of Business		2a. Mailing Address				4. FEI N					Applied For
21			26				59-2	2758122			يالل	Not Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				5 Certif	cate of Status D	esired			Additional
22			27								Fee	Required
City & Stat	te		City & State				6. Electi	on Campaign Fi	nancing		\$5.0	May Be
23			28				Trust	Fund Contribution	חכ		Adde	d to Fees
Zip	 -	puntry	Zip	Cou	ntry		8. This o	corporation owes	the curre	nt year Inta		,
24	25		29	30			1	nal Property Tax			X Yes	□No
	9. Name and A	ddress of Current Re	egistered Agent				10. Name	e and Address	of New Re	egistered /	Agent	
uco	DED A DEBLE				81 1	Name						
	RERA, REINE				82 5	Street Addres	ss (P.O. Bo	x Number is Not	Accentat	ıle)		
	N.W. 30TH STRE				,	onoce / toures	35 (1		. Acceptat			
MIAI	MI FL 33127-3846	5		Ì	83							
		•			84 (City			• • •	FI	85 Zij	Code
11. Pursuant	to the provisions of	Sections 607.0502 an	nd 607.1508, Florida State	utes, the ab	ove-n	amed corpora	ration subm	nits this statemen	nt for the p	urpose of o	hanging i	ts registered
office or r	registered agent, or im familiar with, and	both, in the State of Fl	lorida. Such change was s of, Section 607.0505, F	authorized lorida Statu	by the tes.	e corporation'	's board of	directors. I here	by accept	the appoin	tment as	registered
agent. I a	rational with a cond	accept the obligations	3 51, 5555.61 551 .5555, 1									
agent. I a		name of registered agent and				gnature required w	when reinstating	1)		DATE		
agent. I a			title if applicable. (NO			gnature required w			S TO OFF		D DIRECT	ORS IN 12
agent. I a SIGNATURE		name of registered agent and	title if applicable. (NO	TE: Registered	Agent sig	gnature required w		i) IONS/CHANGES	TO OFF		DIRECT	
agent. I a SIGNATURE 12.	Signature, typed or printed	name of registered agent and OFFICERS AND D	title if applicable. (NO	TE: Registered a	Agent sig	gnature required w			TO OFF			
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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.

SIGNATURE:

RUNTED HAME OF SIGNING OFFICER OR DIRECTOR USE And

01/27/99

(305)634-5586

Daytime Phone #