

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M85559** (6)
1. Corporation Name
ACR MECHANICAL, INC.



Principal Place of Business Mailing Address
13445 S.W. 80TH ROAD MIAMI FL 33156

3. Date Incorporated or Qualified 06/15/1988	3a. Date of Last Report 04/27/1995
4. FEI Number 59-2906623	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, 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

**PEVSNER, BEVERLY L.
7600 S.W. 57TH AVENUE
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																
<table border="1"> <tr> <td>12.1 TITLE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>12.2 NAME</td> <td></td> </tr> <tr> <td>12.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>12.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>12.5 TITLE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>12.6 NAME</td> <td></td> </tr> <tr> <td>12.7 STREET ADDRESS</td> <td></td> </tr> <tr> <td>12.8 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>12.9 TITLE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>12.10 NAME</td> <td></td> </tr> <tr> <td>12.11 STREET ADDRESS</td> <td></td> </tr> <tr> <td>12.12 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>12.13 TITLE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>12.14 NAME</td> <td></td> </tr> <tr> <td>12.15 STREET ADDRESS</td> <td></td> </tr> <tr> <td>12.16 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>12.17 TITLE</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>12.18 NAME</td> <td></td> </tr> <tr> <td>12.19 STREET ADDRESS</td> <td></td> </tr> <tr> <td>12.20 CITY - ST - ZIP</td> <td></td> </tr> </table>	12.1 TITLE	<input type="checkbox"/> DELETE	12.2 NAME		12.3 STREET ADDRESS		12.4 CITY - ST - ZIP		12.5 TITLE	<input type="checkbox"/> DELETE	12.6 NAME		12.7 STREET ADDRESS		12.8 CITY - ST - ZIP		12.9 TITLE	<input type="checkbox"/> DELETE	12.10 NAME		12.11 STREET ADDRESS		12.12 CITY - ST - ZIP		12.13 TITLE	<input type="checkbox"/> DELETE	12.14 NAME		12.15 STREET ADDRESS		12.16 CITY - ST - ZIP		12.17 TITLE	<input type="checkbox"/> DELETE	12.18 NAME		12.19 STREET ADDRESS		12.20 CITY - ST - ZIP		<table border="1"> <tr> <td>13.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.2 NAME</td> <td></td> </tr> <tr> <td>13.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>13.4 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>13.5 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.6 NAME</td> <td></td> </tr> <tr> <td>13.7 STREET ADDRESS</td> <td></td> </tr> <tr> <td>13.8 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>13.9 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.10 NAME</td> <td></td> </tr> <tr> <td>13.11 STREET ADDRESS</td> <td></td> </tr> <tr> <td>13.12 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>13.13 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.14 NAME</td> <td></td> </tr> <tr> <td>13.15 STREET ADDRESS</td> <td></td> </tr> <tr> <td>13.16 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>13.17 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.18 NAME</td> <td></td> </tr> <tr> <td>13.19 STREET ADDRESS</td> <td></td> </tr> <tr> <td>13.20 CITY - ST - ZIP</td> <td></td> </tr> </table>	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.2 NAME		13.3 STREET ADDRESS		13.4 CITY - ST - ZIP		13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.6 NAME		13.7 STREET ADDRESS		13.8 CITY - ST - ZIP		13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.10 NAME		13.11 STREET ADDRESS		13.12 CITY - ST - ZIP		13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.14 NAME		13.15 STREET ADDRESS		13.16 CITY - ST - ZIP		13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.18 NAME		13.19 STREET ADDRESS		13.20 CITY - ST - ZIP	
12.1 TITLE	<input type="checkbox"/> DELETE																																																																																
12.2 NAME																																																																																	
12.3 STREET ADDRESS																																																																																	
12.4 CITY - ST - ZIP																																																																																	
12.5 TITLE	<input type="checkbox"/> DELETE																																																																																
12.6 NAME																																																																																	
12.7 STREET ADDRESS																																																																																	
12.8 CITY - ST - ZIP																																																																																	
12.9 TITLE	<input type="checkbox"/> DELETE																																																																																
12.10 NAME																																																																																	
12.11 STREET ADDRESS																																																																																	
12.12 CITY - ST - ZIP																																																																																	
12.13 TITLE	<input type="checkbox"/> DELETE																																																																																
12.14 NAME																																																																																	
12.15 STREET ADDRESS																																																																																	
12.16 CITY - ST - ZIP																																																																																	
12.17 TITLE	<input type="checkbox"/> DELETE																																																																																
12.18 NAME																																																																																	
12.19 STREET ADDRESS																																																																																	
12.20 CITY - ST - ZIP																																																																																	
13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																
13.2 NAME																																																																																	
13.3 STREET ADDRESS																																																																																	
13.4 CITY - ST - ZIP																																																																																	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																
13.6 NAME																																																																																	
13.7 STREET ADDRESS																																																																																	
13.8 CITY - ST - ZIP																																																																																	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																
13.10 NAME																																																																																	
13.11 STREET ADDRESS																																																																																	
13.12 CITY - ST - ZIP																																																																																	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																
13.14 NAME																																																																																	
13.15 STREET ADDRESS																																																																																	
13.16 CITY - ST - ZIP																																																																																	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																
13.18 NAME																																																																																	
13.19 STREET ADDRESS																																																																																	
13.20 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 supplier's 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: *W. Jose Wilfredo Jose* DATE: *1-29-96* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)