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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200003139 (2)

PENINSULA AIR CONDITIONING & REFRIGERATION, INC.

Principal Place of Business 5736 S.W. 31ST ST. Mailing Address

5736 S.W. 31ST ST. MIAMI FL 33155-4014

FILED Apr 28 1997 8:00am Secretary of State



MIAMI FL 33155		MIAMI FL 33155-4014					1	
					3. Date Incorporated or Qualified 11/09/1992	3a. Date	of Last 7/1996	· '
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			Applied For
	N.E. 14 Street	26 1520 N.E. 1	4 St	reet	65-0366786			Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & State 23 Homestead, Florida		City & State 28 Homestead, Florida		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24 3303	Country	Zip	Country	1	8. This corporation has liability for Florida Statutes	intangible ta		r s. 199.032,
	9. Name and Address of Current	Registered Agent		.a	10. Name and Address of New Re	gistered A	jent	
WILL	JAM FALLER & ASSOCIATES, IN	Ċ.	81	Name				
	B WEST ATLANTIC BLVD. IGATE FL 33063		82	Street	Address (P.O. Box Number is Not Acceptab	ole)		
- MANT	IGATE FL 33003		83					
			84	City			85 Zi	ip Code
				Only		FL	03 2	p 000c
office or re agent. I as SIGNATURE	egistered agent, or both, in the State om familiar with, and accept the obligation	of Florida. Such change was aut tions of, Section 607.0505, Floric	herized by da Statute:	the corp s.	corporation submits this statement for the p poration's board of directors. I hereby accep	ot the appoi	hanging ntment) its registered as registered
	Signature, typed or printed name of registered agen			ent signature	required when reinsta; ng)	DATE	DIDEOT	000 11 10
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		Chang	
NAME	VELEZ, RICARDO J	X 2000	1.2 NAME		P	<u>.</u>	X	c
STREET ADDRESS	4555 S.W. 16TH ST		1.3 STREET	ADDRESS	RODELY, DONALD N			
CITY-ST-ZIP	MIAMI FL 33134		1.4 CITY - S		1520 N.E. 14 St.	_		
TITLE	V	DELETE	2.1 TITLE		Homestead, FL 3303	3	Chang	e 🖵 Addition
NAME	RODELY, DONALD N		2.2 NAME		V			Λ
STREET ADDRESS	1520 NE 14TH STREET		2.3 STREET	ADDRESS	PHILLIPS, ROY JR.			
CITY-ST-ZIP	HOMESTEAD FL 33033		2. 4 CITY -	S1-ZIP	1620 N.W. 143 Stre	et		
TITLE	81	DELETE	3.1 TITLE		Miami, FL 33167		Chang	e 🔲 Addition
NAME	RODELY, CLARENCE H		3.2 NAME					l
STREET ADDRESS	1520 NE 14TH STREET		3.3 STREET	ADDRESS				
CITY-ST-ZIP	HOMESTEAD FL		3.4. CITY -	S1 - ZIP				
TITLE		DELETE	4.1 311LE				Chang	e 🔲 Addition
NAME			4. 2 NAME					
STREET ADDRESS		`	4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - 9	T - ZIP		-	-	
TITLE		☐ DELFT€	5.1 TITLE			L	Chang	je Addition
NAME			5.2 NAME					
STREET ADDRESS		,	5.3 STREET					
CITY-ST-ZIP		Drifte	5.4 CITY - S	T - ZIP			-	
TITLE		☐ DELETE	6.1 THILE		·	Ĺ	Chang	je 🔲 Addition
NAME			6.2 NAMÉ					
STREET ADDRESS			63 STREET					
CITY-ST-ZIP	and the late to th	Silver Comment of the	6.4 CHY-5	IT - ZIP				

14. 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 logal effect as if made under eath; 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.

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