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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90088 025 \*\*\*150.00

DOCUMEN	T#	P9300	1000271	6

HAV AIR	CONDITIONING INC.									
Principal Place	e of Business	Mailing Addres	s							
887 W 34 ST		887 W 34 ST								
HIALEAH FL 33	012	HIALEAH FL 330	712			DO NOT WRITE IN THE	SPACE	<u>-</u>		
						Date Incorporated or Qualifed	, or ACL			
						01/13/1993				
2. Principal Pl	ace of Business	_2aMailing Add	ress			-4- FEI Number		App	lied For	
21 ,		26				65-0381550			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. :	#, etc.			5. Certifcate of Status Desired	·	<b>75</b> Ad ee Req	dditional uired	
City & State	e	City & State	3			6. Election Campaign Financing	\$5	00 k	May Be	
23		28				Trust Fund Contribution		ded to		
Zip	Country	Zip		Country		8. This corporation owes the current year in	tangible			
24	25	29	30			Personal Property Tax.	☐Yes	. [	□No	
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registered	Agent			
	2011			81	Name					
	RELL, OSVALDO			82	82 Street Address (P.O. Box Number is Not Acceptable)					
887 WEST 34 ST			102	Street Address (F.O. Box Number is Not Acceptable)						
HIAL	EAH FL 33012			83						
				ļ <u>.</u> .			Tant	7:- 0:		
				84	City	FI	_   `	Zip Co		
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with and accept the obl	0502 and 607.1508, Flo ate of Florida. Such cha ligations of, Section 607	rida Statutes, t nge was autho '.0505, Florida	the above orized by Statutes	e-named cor the corporat	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appointment of the purpose	introlent a	ig its regi as regi	egistered istered	
SIGNATURE	Peoneces	USUAId	O BON	41		(red when reinstating)	177	<u>.                                    </u>		
		agent and title if applicable.  AND DIRECTORS	(NOTE: Reg	13.	t signature requir	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTOR	PS IN 12	
12.	P		DELETE	1.1 TITLE		ADDITIONO/GHANGES TO GIT IGENO A	☐ Cha		Addition	
	BORRELL. OSVALDO			1.2 NAME				·	_	
NAME	887 W 34TH STREET				ADDRESS					
STREET ADDRESS	HIALEH FL									
CITY-ST-ZIP TITLE	ST		DELETE	1.4 CITY-ST 2.1 TITLE	1-214		☐ Cha	inge	☐ Addition	
	BORRELL, LISBET	_		2.2 NAME			_	•	_	
NAME	887 W. 34TH ST.			2.3 STREET	ADDDESS					
STREET ADDRESS	HIALEAH FL 33012									
CITY-ST-ZIP	I INTLLETO I I E GOV IE		DELETE	2.4 CITY-S 3.1 TITLE	11-21		☐ Cha	ance	Addition	
TITLE		Ь		3.2 NAME				3-		
NAME					, ADDDESO					
STREET ADDRESS				3.3 STREET	ł					
CITY-ST-ZIP		П	DELETE	3.4. CITY-S 4.1 TITLE	11-ZIP		☐ Cha		☐ Addition	
10015				→. ) (IILE	1					

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 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 of 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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

BOULLY STUTE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

DELETE

1.39.99 S

558-136 Daytime Phone #

Change

Change

Addition

Addition

CR2E034 (11/98)