

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000003117 (7)**

1. Corporation Name
RELIEF AIR CONDITIONING, INC.



Principal Place of Business: **10441 NW 28TH STREET SUITE 103 MIAMI FL 33172-2171**
Mailing Address: **10441 NW 28TH STREET SUITE 103 MIAMI FL 33172-2171**

3. Date Incorporated or Qualified: **01/11/1993**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0398597**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 []
22 [] Suite, Apt. #, etc.
23 [] City & State
24 [] Zip [] Country
25 []
2a. Mailing Address: 26 []
27 [] Suite, Apt. #, etc.
28 [] City & State
29 [] Zip [] Country
30 []

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARDENAS, SANDALIO I
10441 NW 28TH STREET
SUITE 103
MIAMI FL 33172-2171**

81 Name: **Aleman, Alberto**
82 Street Address (P.O. Box Number is Not Acceptable): **10441 N.W. 28th Street #103**
83 []
84 City: **Miami** FL 85 Zip Code: **33172**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: *[Signature]*
Typed or printed name of registered agent: **Sandalio I Cardenas**

(Date): **2/14/96**
Typed or printed name of registered agent: **Alberto Aleman**

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CARDENAS, SANDALIO I	
STREET ADDRESS	10441 NW 28TH STREET	
CITY-STATE-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALEMAN, ALBERTO	
STREET ADDRESS	10441 NW 28TH STREET	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Aleman, Alberto	
2.3 STREET ADDRESS	10441 N.W. 28th Street Ste 103	
2.4 CITY-STATE-ZIP	Miami, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Sandalio I Cardenas**

Date: **2/14/96** (305) 594-1150
Telephone Number: []

CR2E034 (12/95)