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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

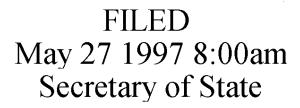
DOCUMENT # P9300003117 (7)

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





MIAMI FL 3317	2-2171	MIAMI FL 33172-2171	MIAMI FL 33172-2171							
						 Date Incorporated or Qualified 01/11/1993 	ied 3a. Date of Last Report 02/22/1996			
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Ar	oplied For	
21		26	26			65-0398597	0398597 Not Applicable			
Suite, Apt	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State 23	e	City & State	City & Slate			Election Campaign Financing Trust Fund Contribution	П	\$5.00 May Be Added to Fees		
Zib	Country	Zip	Cor	untry		8. This corporation has liability for intangible tax under s. 199.032,				
24]	25	29	 1	30		Florida Statutes Yes No				
==1	· · · · · · · · · · · · · · · · · · ·	Current Registered Agent	1901	Τ		10. Name and Address of New Re				
AI C	MAN, ALBERTO		***************************************	81	Name					
10441 NW 28TH STREET # 103				82 Street Address (P.O. Box Number is Not Acceptable)						
	us MI FL 33172			83					***************************************	
				84	City		FL	85 Zip	Code	
SIGNATURE						rporation submits this statement for the p ation's board of directors. I hereby accep		changing it xintment as	ts registered registered	
	Storial are typod or printed name of reg-				nt signature rec	quired when reinstating)	DATE			
12.		ERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC				
10.0	PD	☐ DELETE	1.1 T	ITLE				Change	Addition	
NAME	ALEMAN, ALBERTO		1.2 N	IAME						
STREET ADDRESS	10441 NW 28TH STREE	ET, SUITE 103	1.3 \$	TREET	ADORESS					
COTY ST-73P	MIAMI FL		1.40	ITY-S	T-ZIP					
101.E	DELETE 2.1		2.1 T	2.1 TITLE				Change	Addition	
NAME		2.2		2.2 NAME						
STREET ADORESS			235	2.3 STREET ADDRESS						
CHY St 2IF			2 4 CITY-ST-ZIP		ST-21P				ļ	
1911		DELETE		31 TITLE				Change	Addition	
NAME			32 N	IAME						
STREET ADDRESS			335	TREET	ADDRESS					
City St-Zir				CITY - S	1					
1-ILF	☐ DELETE			4.1 TITLE		- 		Change	Addition	
NAME			·	NAME	1		'			
STREET ADORESS					ADDRECE					
					ADDRESS					
CDY-ST-ZIP		DELETE		TY-S	1-217			Change	Addition	
THLE				51 TITLE				ourning	L Modition	
NAME			52 N							
STREET ADDRESS			53S	TREET	ADDRESS					
CITY-ST-ZIF				HTY - S	T-ZIP	: :				
TITLE		☐ DELETE	611	ITLE	['	Change	Addition	
NAME			62 N	IAME		policy and the	1		;	
STREET ADORESS			638	TAEET	ADDRESS					
City-St 2iF			640	CITY-SI	T-ZIP					
## Lolo hovek	and the short the independent	normalized with the diline stone and a			,, ., _ t .	ad in Castian 110 07/2Vi) Florida Statuta	. (()			

4. 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 legal effect as if made under oath; that I am an othere 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-97 594-1150