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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P93000011277 (9) DOCUMENT #

CARIBBEAN AIR-CONDITIONING & REFRIGERATION CONTR

ACTORS, INC. Principal Place of Business Mailing Address 1902 N.W. 111TH STREET 592 NW 120TH STREET MIAMI FL 33167 MIAMI FL 33168 3. Date Incorporated or Qualified 3a. Date of Last Report 02/08/1993 04/10/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 65-0402404 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SMITH, FRANKLIN O Street Address (P.O. Box Number is Not Acceptable) 82 592 NW 120TH STREET 8.3 **MIAMI FL 33168** 84 City Zip Code 85 | 11. Pursuant to the provisions of Sections 607,0502 and 607,0502 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 607,0505, Florida Statutes. SIGNATURE Stylicture, typed or proted henry of registered agost and little trapple at in (NOTE: Registered Agent signature required when reinstating CR2E034 (12/95) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 10.6 DELF IE 1. 1 THELE Change Addition SMITH, FRANKLIN O 1.2 NAME 592 NW 120TH STREET STEEL ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33168** Citty - \$1 - 2iP 1 4 CiTY - \$1 - 2iP DELETE 100.0 Change 2 1 HTLF ☐ Addition NAME 2.2 NAME 5/Hold LADURESS 2.3 STREET ADDRESS CUTY ST ZIP 2 4 CITY - ST - ZIP DELETE 1006 3 1 TIFLE Change Addition NAME 3.2 NAME SSEEL LADORESS 3.3 STREET ADDRESS City St 28 3.4 CITY - ST - ZIP DELETE THEF 4. 1 TITLE ☐ Change ☐ Addition NAME 4.2 NAME SPRELL ADDRESS 4.3 STREET ADDRESS Off Y - S1 - 20 4.4 CITY - ST - ZIP 1000 DELETE 5 I TITLE ☐ Change Addition NAME 5.2 NAME STREET LAUCHERS 5.3 STREET ADDRESS Oth - \$1 - 20 5 4 CHTY - ST - ZIP 11115 DELE 16 6 1 THILE Change ■ Addition 3,385 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS 64 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 or 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 orth, that I am an officer or direction to or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

**SIGNATURE:** 

appears in Block 12 or Block