

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000020708 (2)**
1. Corporation Name
ANACHRIS AIR CONDITIONING & REFRIGERATION, INC.



Principal Place of Business: **821 NE 109 ST MIAMI FL 33161**
Mailing Address: **821 NE 109 ST MIAMI FL 33161**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **03/15/1993**
3a. Date of Last Report: **05/01/1995**
4. FEIN Number: **65-0403009**
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. 190.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**PASEK, CHARLES J
5601 BISCAYNE BLVD
MIAMI FL 33137**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.1400 and 607.1401, Florida Statutes, the above named corporation hereby submits to establish for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Section 607.1401(1)(a) Florida Statutes, by the corporation's board of directors, hereby consent the appointment of registered agent, I am hereby withdrawing the objection of Section 607.1401(1)(b), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------|----------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETED |
| NAME | NUNEZ, SERGIO R | |
| STREET ADDRESS | 821 NE 109 ST | |
| CITY, ST, ZIP | MIAMI FL 33161 | |
| TITLE | D | <input type="checkbox"/> DELETED |
| NAME | NUNEZ, ELENA V | |
| STREET ADDRESS | 821 NE 109 ST | |
| CITY, ST, ZIP | MIAMI FL 33161 | |
| TITLE | | <input type="checkbox"/> DELETED |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | <input type="checkbox"/> DELETED |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | <input type="checkbox"/> DELETED |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily from the filer and is true and correct for the provisions of Section 110.02(3)(b), Florida Statutes. I further certify that the information published on this filing is true and correct for the provisions of Section 110.02(3)(b), Florida Statutes. I further certify that I am an officer or director of the corporation and that my name appears in Block 12 or Block 13 of this filing as provided in the filing instructions.

SIGNATURE: *Elena V. Nunez* Elena V Nunez 3/25/96 35399-1187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)