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

CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Morthage

ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P93000030679 (3) DOCUMENT # 1. Corporation Name AMERICA AIR CONDITIONING, INC. Principal Place of Business Mailing Address 261 E 62ND ST 261 E 62ND ST HIALEAH FL 33013 HIALEAH FL 33013 3a. Date of Last Report 3. Date Incorporated or Qualified 04/27/1993 01/30/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0405127 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country This corporation has liability for intangible tax under s. 199,032, Florida Statutes
Yes \[\] No Country 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MENDEZ, RODOLFO Street Address (P.O. Box Number is Not Acceptable) 82 261 E 62ND ST HIALEAH FL 33013 83 84 City Zip Code 11. Pursuant to the provisions of Sections 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE *Signature: typed or printed name of registered agent and title if applicable (NOTE: Flogistered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSTD TITLE DELETE 1. 1 TITLE Change Addition MENDEZ, RODOLFO NAME 1.2 NAME 261 E 62ND ST STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33013 CITY-ST-ZIP 1.4 CHTY- \$1 - ZIP TITLE DELETE 2. 1 HILE Change Addition NAME 2.2 NAME 1 STREET ADORESS 2.3 STREET ADDRESS CHY-ST-ZIP 24 CITY-ST-71P DELETE TITLE 3. 1 THEF Change Addition | NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - \$1 - 21P TITLE DELETE 4.1 DOE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CHY-ST-ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREEL ADDRESS 5.3 STREET ADDRESS 200001833912 CITY-SI-ZIP 5.4 CITY-ST-ZIP -05/22/96--01019- DELETE TITLE 6 1 TITLE ***200.00 NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 Statistics, if further certify that the information indicated on this annual prport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if pade until oath; that I am an officer or director of the opporation 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 for only attachment with an address.

64 CITY - ST-ZIP

SIGNATURE:

CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF AGNING OFFICER OR DIRECTOR

(12/95)

CR2E034