FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State **1996** 3-2896 DISTON OF SORPORATIONS C P93000086925 (3) DOCUMENT # DADE APPLIANCE & AIR CONDITIONING CORP. Principal Place of Business Mailing Address 14331 S.W. 38TH TERRACE 14331 S.W. 38TH TERRACE MIAMI FL 33175 MIAMI FL 33175 3. Date Incorporated or Qualified 3a. Date of Last Report 12/21/1993 03/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0455150 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zıp Country 2_{ip} Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 ¥ Yes □ No Elorida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FAJARDO, JOSE A 82 Street Address (P.O. Box Number is Not Acceptable) 14331 S.W. 38TH TERRACE **MIAMI FL 33175** 83 City 84 85 Zip Code FL 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 accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title 4 applicable (NOTE: Registered Ages t septeture respect where remstating) 12. CR2E034 (12/95) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THEF □ DELETE 1. 1 TITLE ☐ Change Addition NAME FAJARDO, JOSE A 1.2 NAME 14331 S.W. 38TH TERRACE STREET ADORESS 13 STHEET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP 1.4 C(1Y+ST-7)P TIZLE ☐ DELETE 2.11111.5 [1] Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-S1-712 THILE DELETE 3 1 7/16 Change ncitibbA [3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST- ZIP TITLE DELÉTÉ 4. 1 TITLE Addition Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5 1 THELE Change ■ Add-tion NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST ZIP TITLE DELETE 6 1 THILE Addition Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-S1-7IP 64 CITY - \$1 - 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 logal effect as if made under appears in Block 12 or Block 12 or Block 12 or organ attaction or the receiver optrussite empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Jose A. Fajardo

3/13/96 (305) 592-3775

SIGNATURE: