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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400076475 (0)

IMPERIAL AIR CONDITIONING, INC.

Principal Place of Business

Mailing Address

9734 S.W. 1 TERRACE MIAMI FL 33174 9734 S.W. 1 TERRACE MIAMI FL 33174-3505

FILED Jan 28 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified 3a 10/17/1994		e of Last 1/1996	Report	
2. Principal Pi	ace of Business	2a. Mailing Address		ナ	•	4. FEI Number		-	pplied For	
21 95 2	6 NW 13at.	26 9326 NH Surte, Apt. #, etc.	743	_		65-0526795		·	lot Applicable Additional	
Suite, Apt	ay M.	27 Suite, Apr. #, 610.	ay af	•	14	5. Certificate of Status Desired			Required	
City & State		City & State .	FL	FL.		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Ζιρ	Country	Zip	Coun	try		8. This corporation has liability for intan-			s. 199.032,	
24 33/7										
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registe	red A	lgent		
	NAL, MIGUEL		. 8	31	Name				ļ	
9734 S.W. 1 TERRACE				82 Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33174				83						
			ľ	93					ļ	
			8	34	City		FL	85 Zip	Code	
		100 1007 1500 51 11 01	1			proparation submits this statement for the purpo		abanaina	ito registered	
office or r agent. La	egistered agent, or both, in the Str m familiar with, and accept the ob	tle of Florida Such change was ligations of, Section 607.0505, F	authorized Iorida Statu	by tes	the corpor	ation's board of directors. I nereby accept the	appo	ointment a	is registered	
	Significate hypomorphises for a contegratered			Ager	ni signatura req	julred when reinstating) D/ ADDITIONS/CHANGES TO OFFICERS	ANID	DIRECTO	NDS (N) 12	
12.	OFFICERS 7	AND DIRECTORS DELETE	13. 11 TH	-		ADDITIONS/CHANGES TO OFFICERS	MIND	Change		
THLE	LOPEZ, ARMANDO	L DELETE	12 NAA		j				7,00.007	
NAME	6034 CORAL WAY				ADDRESS					
STREET ADDRESS	MIAMI FL 33155				ADDRESS					
C-TY - ST - ZIP TITLE	PS	DELETE		1.4 CITY-ST-ZIP 2.1 TITLE				☐ Change	Addition	
	BERNAL, MIGUEL	hand District	2.2 NAM	_			. 1			
NAM:	9734 S.W. 1 TERR.				ADDRESS				i	
STREET ADDRESS	MIAMI FL 33174		2.3 STN							
CHY-ST-ZIP	DQ	DELETE	3.1 TITL	• • • •	11-21F		٠.	Change	Addition	
NAME	DOMINGUEZ, PEDRO M	3.2 NAM						_		
STREET ADDRESS	5954 S.W. 4 ST.		•		ADDRESS					
CITY-ST ZIP	MIAMI FL 33144		3.4. CIT							
TITLE	111- and 1 - A-111	DELETE	4.1 Titl					Change	Addition	
NAME			4. 2 NA	ME						
STREET ADDRESS					ADDRESS					
CITY S1-ZIP			4.4 CIT							
I:ILF		DELETE	5 1 TITL					Change	Addition	
NAME			5.2 NAM	ИE						
STREET ACORESS			53 STR	EET	ADDRESS					
CITY: ST-ZIP			5.4 CIT	Y-\$1	T-ZIP					
THLE		DELETE	6.1 FITE	E				☐ Change	Addition	
NAME			6.2 NAM	ME						
STREET ADDRESS			6.3 STR	EET	ADDRESS					
CITY - ST - 7IP			6.4 CIT	Y-\$1	T-21P					
14. I do here	by certify that the information supp	lied with this filing does not qua	lify for the e	exe	mption stat	ted in Section 119.07(3)(i), Florida Statutes. I f	urther	certify the	at the	

14. 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 officer 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

SIGNATINE AND EVENT OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

1/21/97

594 3209

Daytime Phone #