## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400076475 (0)

IMPERIAL AIR CONDITIONING, INC.

Aug 27 1998 8:00am
Secretary of State

**FILED** 

Principal Place of <b>B</b> usiness Mailing Address				a concrement tim sater mante maris maris and	.cos 00401 00010 01111 01011 4000 0111 (881		
9326 NW 13TH	1 ST	8326 NW 13TH ST					
BAY 14 MIAMI FL 3317	72	BAY 14 Miami Fl 33174	BAY 14		DO NOT WINES	NI TUIO PRACE	
US	•	US			3. Date Incorporated or Qualified	DO NOT WRITE IN THIS SPACE	
6 Data da al I	Direct M.D.			<u>.</u>	10/17/1994		
h		2a, Mailing Address	ing Address		4. FEI Number	Applied For	
Suite, Apt	# etc	Suite And # etc	ulto And M ata		65-0526795	Not Applicable	
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		Zip Country		8. This corporation owes or has paid			
24	25	29	30		Personal Property Tax due June 3	[] · [] ·	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regi	stered Agent	
	INAL, <b>M</b> IGUEL		1	11 Name			
1	4 S.W. 1 TERRACE		1	2 Street A	ddress (P.O. Box Number is Not Acceptable)		
MIAM! FL 33174			Ē	3	The second secon		
			18	4 City		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. I hereby 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 agont and site if applicable (NOTE: Registered Agent signature required when reinstating)  DATE							
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	<b>V</b>   -	DELETE	1.1 TITLE	. [		Change Addition	
NAME	LOPEZ, ARMANDO		1.2 NAM	=			
STREET ADDRESS	6034 CORAL WAY		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY	ST-ZIP			
TITLE			2.1 TITLE			Change Addition	
NAME	BERNAL, MIGUEL		2.2 NAM				
STREET ADDRESS	9734 S.W. 1 TERR.		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33174	· · · · · · · · · · · · · · · · · · ·	2.4 CITY-				
TITLE	1	LJ DELETE	3.1 TITLE			Change Addition	
NAME	DOMINGUEZ, PEDRO M 5954 S.W. 4 ST.		3.2 NAMI				
STREET ADDRESS	MIAMI FL 33144			ET ADDRESS			
CITY-ST-ZIP TITLE			3.4 CITY-				
NAME		DELETE	4.2 NAME			Change Addition	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CiTY-				
TITLE		DELETE	5.1 TITLE			Change Address	
NAME		L_1 OLLL	5.2 NAME			L_I Change L_I Addition	
STREET ADDRESS			1	TADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME		L. J. Person L.	6.2 NAME			C Overige C Addition	
STREET ADDRESS			6.3 STRE	TADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			
14   hereby co	actifut that the information supplied with	this filing does not qualify for the			notion 110 07(2)(i) Florida Ptatutan I further		

Inereoy ceruly 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.

CALL ALL ALL ALL ALL