

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

CORPORATION
ANNUAL REPORT
1995



OFFICE HARBORWAY STATE
Secretary of State
Tallahassee, Florida
32349-0100

**APPROVED
AND
FILED**

DOCUMENT # P94000086397 (4)

95 APR -7 AM 6:03

GUILLERMO APPLIANCE AND AIR CONDITIONING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office - City and State: **307 NW 72 AVENUE
APT. 315
MIAMI FL 33126**
Mailing Address: **307 NW 72 AVENUE
APT. 315
MIAMI FL 33126**

(DO NOT WRITE IN THIS SPACE)

3. Date first incorporated or organized: **11/23/1994** 3a. Date of last report: **02/28/95**

2. Other registered offices (Locations):
21. **13430 SW 54 ST** 26. Mailing Address: **13430 SW 54 ST**
City & State: **MIAMI FL** 27. **MIAMI FL**
Zip: **33175** 28. **33175** 29. **USA** 30. **USA**

4. FEI Number: **65-0556194** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent:
**BEJERANO, GUILLERMO
307 NW 72 AVENUE
APT. 315
MIAMI FL 33126**

10. Name and Address of New Registered Agent:
81. Name: **BEJERANO GUILLERMO**
82. Street Address, P.O. Box Number or Not Applicable: **13430 SW 54 ST**
83. City: **MIAMI** 84. State: **FL** 85. Zip Code: **33175**

11. Pursuant to the provisions of Sections 199.03(2) and 605.1908, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and its registered agent in both in the State of Florida. Such change was authorized by the corporation's board of directors. The above stated change complies with the provisions of Sections 199.03(2) and 605.1908, Florida Statutes.

SIGNATURE _____ TITLE _____

12. OFFICERS AND DIRECTORS

NAME	ADDRESS
D BEJERANO, GUILLERMO	307 NW 72 AVENUE APT 315 MIAMI FL 33126

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (s. 199.03)

NAME	ADDRESS	Change	Addition
D BEJERANO GUILLERMO	13430 SW 54 ST MIAMI FL 33175	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not apply, by the exemption stated in s. 199.03(2)(b), Florida Statutes. I further certify that the information made available to the general public in this filing complies with the provisions of s. 199.03(2)(b), Florida Statutes, and that the information is accurate and complete. I have been authorized by the board of directors of this corporation to execute the report as required by s. 199.03(2)(b), Florida Statutes, and that my name appears on this report. A Black Line Sample Form may be obtained by contacting the Florida Department of State, Office of the Secretary of State, Tallahassee, Florida.

SIGNATURE:
SIGNATURE AND TITLE TO BE PRINTED IN FULL OF REGISTERING OFFICER OR DIRECTOR
GUILLERMO BEJERANO

03-23-95 (200) 562-8145