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PROFIT CORPORATION ANNUAL REPORT

1997

Lam an officer or director of I appears in Block 12 or Blocky

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000049733 (5)

MIAMI AIR CONDITIONING & REFRIGERATION, INC.

Principal Place of Business Mailing Address 28-WEST_FLAGLER-ST. 28 WEST FLAGLER GT. SUFFE-500 **GUITE 500** MIAMI FL: 33130-1600 MANI FL 33130 3. Date Incorporated or Qualified 3a. Date of Last Report 06/26/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 121615W 132 CF 26 65-0611780 Not Applicable Suite, Apt. #, €lc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be man Trust Fund Contribution Added to Fees 28 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name BRENMAN, BETHONY 28 WEST FLAGLER ST. Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 500 83 **MIAMI FL-83130** Yuamu 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. I am similar with accept the appointment as registered agent. I am similar with accept the appointment as registered agent. SIGNATURE (NOTE: Registered Agent signature regulred when reinstating) and like if applicable RS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. Addition DELETE 1.1 TITLE Change TITLE BRENMAN, BETHONY 1.2 NAME NAME 28 W. TLACKER ST .: 1800 12 16 15 W 13 a C 1.3 STREET ADDRESS STREET ADDRESS <u> 33186</u> MIAMIFFE: 33130 1.4 CITY - ST-ZIP CiTY+S1-2iP 2 1 TITLE Change Addition 1010 2.2 NAME NAME: STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 3.1 TITLE THLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-\$1-ZIP Addition DELETE Change 4.1 TITLE Tille 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY- ST ZIP DELETE Change Addition 6.1 TITLE DILE 6.2 NAME NAME **6.3 STREET ADORESS** STREET ADDRESS 6.4 CITY-ST-ZIP C: IY - S1 - 7IP 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 efficer or director of the corporation or the receiver phytrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name