FILED

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90005 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000054916

1. Corporation Name

MG AIR CONDITIONING, CORP.					
Principal Place	of Business	Mailing Address			
7740 W 2 COURT 2262 W. 74TH PL					
#4 HIALEAH FL 33016					
HIALEAH FL 33014					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 07/17/1995
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26					65-0596 199 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	~~~		5. Certificate of Status Desired \$8.75 Additional
22 27 City & State		City & State	City & State		6 Floriton Compaign Financing \$5.00 May Po
<u>├</u>		28			Trust Fund Contribution Added to Fees
Zip	Country			<i>'</i>	8. This corporation owes the current year Intangiale Personal Property Tax Personal Property Tax
24	25	29 30	ч.,	•••	Personal Property Tax. Yes No 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent				Name	To. Maine and Address of New Neglisland Agent
GUILLEN. MAURICO					(D.O. D. M. shar is Not Accordable)
2262 W 74 PLACE			82	Street Add	lress (P.O. Box Number is Not Acceptable)
HIAL		83			
			84	City	85 Zip Code
		1500 51 11 0	**		FL 3
i office or re	enistered agent, or both, in the State o	of Florida. Such change was auth	orized by	the corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
agent. Lar	n familiar with, and accept the obligat	ions of, Section 607.0505, Florida	a Statutes	S.	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	gistered Age	nt signature require	ed when reinstating) DATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE 1.1 TO			☐ Change ☐ Addition
NAME	GUILLEN, MAURICIO		1.2 NAME		
STREET ADDRESS	2262 W 74 PLACE	1	1.3 STREE	TADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016		1.4 CITY-5	ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GUILLEN, MARCO A		2.2 NAME		
STREET ADDRESS	1686 W 58 STREET	1	2.3 STREE	TADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012		2. 4 CITY-	ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Guillen, Bertha	i	3.2 NAME		
STREET ADDRESS	2262 W 74 PLACE		3.3 STREE	TADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016		3.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		·
STREET ADDRESS			4.3 STREE	TADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		•
STREET ADDRESS			i i	TADDRESS	
CITY-ST-ZIP	311-31-21		5.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS