FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortinan ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000089646 (0) DOCUMENT # CANNON AIR-CONDITIONING & REFRIGERATION, INC. Principal Place of Business Mailing Address 8977 SW 123 COURT 8977 SW 123 COURT **UNIT 203 UNIT 203** MIAMI FL 33186 MIAMI FL 33186 3. Date Incorporated or Qualified 3a. Date of Last Report 11/22/1995 2. Principal Place of Business 2a. Maling Address 21 Applied For 26 -0620131 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc \$8.75 Additional 22 5. Certificate of Status Desired 27 City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Zio Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Fiorida Statutes Yes No

10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Nagre SAEZ, JOSE 82 Street Address (P.O. Box Number is Not Acceptable) 8977 SW 123 COURT **UNIT 203** 83 **MIAMI FL 33186** 84 Crty Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of Section 607.0505, Florida Statutes SIGNATURE Sign areas, typed or period came of regional agent and the diagram are NOTE BUILDING Agent Sign DATE 12. OFFICERS AND DIRECTORS (12/95)13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Tillet **PSTD** DELETE 1 111116 Change Add-tion SAEZ, JOSE 1.2 NAME STREET ADDRESS CR2E034 8977 SW 123 COURT UNIT 203 1.3 STREET ADDRESS CITY+ST-ZIP MIAMI FL 33186 1401'Y ST-ZIP TITLE Detele 2 1 THE ☐ Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STHEET ADDRESS CITY-ST-ZIP 2.4 C+TY - ST - ZIP TITLE DELFIE 3 1 TITLE Change NAME ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY ST-716 TITLE DELETE 4 1 TITLE ☐ Change NAME Add tion 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-ZIP 4.4 CITY - ST - 7IP TITLE DELETE 5 1 Tille ☐ Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY | \$1 - ZIP TrillE DELF I 6 1 Tifl F Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 containing the properties of the composition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 6.4 CITY - ST. ZIP

SIGNATURE:

4-29-96

(305)279-8400