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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000092944	(4)
1 Comporation Name		` '

	MENT # P950 NAL AIR SYSTEMS INC	000092944 (4)				
Principal Place 2535 WEST SUITE 21 HIALEAH FL	67TH PLACE	Maiing Address 2535 WEST 67TH PLAC SUITE 21 HIALEAH FL 33016	Œ	3. Date incorporated or Qualified	3a. Date of Last	,
				12/07/1995 4. FEI Number	<u> </u>	T
2. Principal Pi 1	lace of Business	28. Mailing Address 26 P.O. Box 1	7002/-	65-062299L	_α ⊢	Applied For Not Applicable
 Suite, Apt.	#, etc.	Suite, Apt. #, etc.	10(024	5. Certificate of Status Desired		5 Additional
2		27			Fee	Required
City & State	le	City & State 28 Miami A	iec ti	 Election Campaign Financing Trust Fund Contribution 	1 1	00 May Be led to Fees
3] Zgi	Country	Zιρ	Country	8. This corporation has liability for		
	25	29 33017	30 DADE		□ No	
,	9. Name and Address of C	current Registered Agent	81 Name	10. Name and Address of New P	Registered Agent	
TORRES	S, HARRY			/0.0 D. N	-1-1	
	EST 67TH PLACE		82 Street Add	fress (P.O. Box Number is Not Acceptab	ж	
SUITE 2	21		83			
HIALEA	JH FL 33016	a)	84 City		85	Zip Code
		00000	- 11	Alice and eville this statement for the	FL	registered office
ouregiste	POLICE DE LOUI, RI LINE STATE D	rt Florida,∕Such change was authoriz	ed by the corporation's boa	ard of directors. I hereby accept the app	ointment as registere	ed agent. I am
or registe familiar w	Shat is symptom prime them of registers	ed agont and title if applicable	Pt. Registered Agent signature region		DATE	
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certify that the information indicated on this armore report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made undeficient, that I am an officer or effector of the constraint on 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 pick 13 if changed or on an attachment with an address.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR