FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State

FILED Jun 03 1997 8:00am Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

	P9600 CONDITIONING CO									
Principal Place of E			Mailing Address					it aaliji ija e i	(1187 1011 8 9):	iai 1811 1881
SSEO ALW. 100TH STREET MIAME FL 33147		3590 N.W. 100TH STREET Miami FL 33147-1951								
							3. Date Incorporated or Qualified 02/14/1996	3a. Da	ite of Last	Report
2. Principal Place	of Business	2a. Mailing Address				4. FEI Number 65-0641589	7	→	pplied For	
1 Suite, Apt. #, etc.		Suite, Apt. #, etc.			····	SR 75 Additional				
2	-	27				5. Certificate of Status Desired Fee Required				
City & State		City & State					Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 4	Country 25		Zip 30			· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for intangible tax under s. 199. Florida Statutes			
	Name and Address of Cu		red Agent	1001			10. Name and Address of New Re			
	GEORGE E SECOND AVENUE , 33130					Name Street Address (P.O. Box Number is Not Acceptable)				
•				8	4	City		FL	85 Zip	Code
11. Pursuant to the office or registe agent. I am fan	provisions of Sections 607. ered agent, or both, in the S niliar with, and accept the of	0502 and 607 tate of Florida bligations of, S	.1508, Florida Statut Such change was Section 607.0505, Fl	tes, the abor authorized to orida Statuti	ve by es.	named cor the corpora	poration submits this statement for the p tion's board of directors. I hereby acce	ourpose of pt the app	changing ointment a	its registered s registered
SIGNATURE										
Signat 12.	ure, typed or printed name of registere. OFFICERS	AND DIRECT		1 Registered A	ger	nt a-gnature requ	red when relistating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTO	RS IN 12
ITLE D			DELETE	1.1 TITLE					☐ Change	☐ Additio
	AVILA, JOSE			1.2 NAME	1.2 NAME					
	3590 N.W. 100TH STREET			1.3 STRE	1.3 STREET ADDRESS					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MIAMI FL 33147				1.4 CITY - ST - ZIP					
TILE			☐ DELETE	2.1 TITLE		[L Change	L Additio
VAME				2.2 NAME		1000000				
STREET ADDRESS SITY-ST-ZIP				2.3 STREE						
TITLE			DELETE	3.1 TITLE		1 - 216			Change	☐ Addilio
NAME				3.2 NAME		1			v	
STREET ADDRESS				3.3 STRE	ET #	ADDRESS				
CITY-ST-ZIP				3.4. CITY	- \$1	1-7IP				
TITLE		· 	DELETE	41 TITLE		- T			Change	Additio

CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 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 truster 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 30 on an attachment with an address.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TILE 6.2 NAMÉ

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

☐ DELETE

4-26-

Addition

Addition

Change