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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000016303 (5)

9. Name and Address of Current Registered Agent

CLIMAPARTS, CORP.

SABURIDO, VICTOR 6511 N.W. 87TH AVENUE

MIAMI FL 33178

Principal Place of Business Mailing Address 6511 N.W. 87TH AVENUE 6511 N.W. 87TH AVENUE MIAMI FL 33178 MIAM! FL 33178-1824 3. Date Incorporated or Qualified Sa. Date of Last Report 02/19/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 21 26 Suite Apt #, etc. Suite Apt # etc. \$8.75 Additional П Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Ζip This corporation has liability for intangible tax under s. 199 032. Florida Statutes Yes No 24 25 29 30

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, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

81 Name

82

83 84 City

SIGNATURE Signature, type dior printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12 13. PSD DELETE Change Addition 1.1 TITLE THE SABURIDO, VICTOR 1.2 NAME NAMI **6511 N.W. 87TH AVENUE** 1.3 STREET ADDRESS STREET ADDIVESS **MIAMI FL 33178** 14 CITY-ST-ZIP CITY - ST - ZIF DELETE ☐ Change Addition TIT. F 21 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY - \$1 - 20P DELETE Change Addition 3.1 TITLE THEE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST-2IP DELETE Addition 4.1 TITLE TITLE MAMO **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DITY-ST ZIP DELETE Change Addition 5.1 TITLE THILE 5.2 NAME NAM: 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 61 TITLE 10;6 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 officer or director of the corporation or the recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

FILED

Apr 17 1997 8:00am

Secretary of State

10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

Applied For

Zip Code

Not Applicable