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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

19	97		
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		_	

DOCUMENT # P96000028226 (4)

1. Corporation Name A.S.A.P. AIR CONDITIONING AND APPLIANCE SERVICE INC.									
Principal Pla	ce of Business	Mailing A	ddress			A LEGALORIA HAND BANKO BANKO ALKADORI A	DENIA HEDI HEHIB IYO	4 11919 Bil	A 1131
7599 W 29TH		7599 W 26		1343343	,,,,,,,,,,		*******	11771	*****
en-maline en e		Per major II ()				3. Date Incorporated or Qualified 03/25/1996	3a. Date of Li	ast Repo	ort
···	Place of Business	2e, Mailin	g Address			4. FEI Number			ed For
21] Suite, Apt	t. #. otc	26 Suite,	Apt. #, etc.			65-0663829 5. Certificate of Status Desired		Not A	opplicable ditional
22		27		_,_,_,		b. Certificate of Status Desired	Fe Fe	e Requ	ired
City & Sta	ate	City & 28	State			6. Election Campaign Financing Trust Fund Contribution		.00 Ma	
7 _{(P}	Country 25	Zip 29	30	Country	,	This corporation has liability for in Florida Statutes	intangible tax un Yes 🔼 No	der s. 19	99.032 <u>,</u>
271	9. Name and Address of Cu					10. Name and Address of New Re	gistered Agent		
	99 W 29TH LANE LEAH FL 33016			82		dress (P.O. Box Number is Not Acceptab			
				84	1		FL ()	Zip Co	
office or	registered agent, or both, in the S arn familiar with, and accept the o	itate of Florida. Suc bligations of, Secti	th change was author 607.0505, Florid	norized bi la Statute	y the corpora s.	poration submits this statement for the pation's board of directors. I hereby acceptions are the patients of the patients are	ourpose of chango of the appointme	ing its r	egistered gistered
12.		AND DIRECTORS	1,10.12.73	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIREC	TORS	N 12
mie	DP		DELETE	1.1 TITLE			Ch	inge [Addition
NAME STREET ADORESS	VERA, GILBERTO 7599 W 29TH LANE			1.2 NAME	ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33016			1.4 CITY-					
THE	DV		DELETE	21 TITLE	·		☐ Cn	ange	Addition
NAME	vera, vivian			22 NAME					
STHEET ADDRESS				2.3 STREE	F ADDRESS				
City-St-2if	HIALEAH FL 33016			2. 4 CITY-	ST-ZIP				
TOTE			DELETE	3.1 TITLE			[_] Ch	ınge [Addition
NAME				3.2 NAME	}				
STREET ADDRESS	5			3.3 STREE	T ADDRESS				

NAME

STREET ADDRESS

CITY-SI-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 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.

3.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4 1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

51 TITLE

5.2 NAME

6.1 TITLE

DELETE

DELETE

DELETE

SIGNATURE:

CHY-SI-ZIP

STREET ADDRESS

STREET ADDRESS

CITY ST-ZIP

NAME

THILE

NAME

THEF

VATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

FILED

Apr 23 1997 8:00am

Secretary of State

012556

Change

Change

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☐ Change ☐ Addition