PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000076816

1. Corporation Name

XELOR AIR CONDITIONING, INC.

Principal Place of Business

Mailing Address

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90131 024 ***150.00



9506 SO. RED MIAMI FL 33156		9506 SO. RED ROAD MIAMI FL 33156				DO NOT WRI 3. Date Incorporated or Qualifed 09/16/1996	E IN THIS :	SPACE]
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		1	pplied For	
	5 N.W. 101 St.	26				65-0698976			lot Applicable	1
Suite, Apt. i		Suite, Apt. #, etc.				5. Certificate of Status Desired				
City & State	<u></u> 1	City & State	City & State			Election Campaign Financing Trust Fund Contribution			May Be I to Fees	
Zip 33179	Country 3 25 U.S.A	Zip 3	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax.				
9. Name and Address of Current Registered Agent						10. Name and Address of New F	egistered /	gent		
5415				81 Na	me		-			1
PALENZUELA, FRANK 12122 S.W. 114 PLACE				82 Str	eet Addre	dress (P.O. Box Number is Not Acceptable)				
MAN	MI FL 33176			83						}
				84 Cit	ME	OLEY	FL	85 Zip	3178	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thonzed	by the c	ned corpo	oration submits this statement for the n's board of directors. I hereby accep	purpose of out the appoint	changing it tment as r	ts registered registered	
SIGNATURE							DATE			١.
			Registered Agent signature require 13.		ture required	ADDITIONS/CHANGES TO OF		DIRECT	ORS IN 12	9
TITLE	D OFFICERS AN	DELETE	1,1 111	F		ADDITIONO/CHANGEO TO CIT	TOLINO ATT	☑ Change		1 5
NAME	PALENZUELA. FRANK		1.2 NA		1		CT	_ '	_	3
STREET ADDRESS	3135 N.W. 101 ST			REET ADDR	ESS	9195 N.W. 101	<u>ي</u>			8
CITY-ST-ZIP	MEDLEY FL 33178			Y-ST-ZIP		9195 N.W. 101 MEDLEY, FL 3317	3			2
TITLE		☐ DELETE	2.1 TH				= =	☐ Change	Addition	2
NAME	•		2.2 NA	ME						
STREET ADDRESS	•		2.3 ST	REET ADDR	ESS					1
CITY-ST-ZIP	•		. 2.4 CI	Y-ST-ZIP						چا
TITLE		☐ DELETE	3.1 ₹∏	LE				Change	Addition]
NAME	321		3.2 NA	ME						
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CITY-ST-ZIP	3.4		3.4. CI	ry-st-zip						
TITLE		☐ DELETE	4.1 TITLE					☐ Change	Addition	
NAME	•		4.2 N	ME						
STREET ADDRESS			4.3 ST	REET ADDR	ESS					
CITY-\$T-ZIP	<u> </u>		4.4 CI	Y-ST-ZIP						1
TITLE		☐ DELETE	5.1 TIT					☐ Change	Addition	
NAME			5.2 NA	ME						
STREET ADDRESS	•		5.3 ST	REET ADDR	ESS					
CITY-ST-ZIP				Y-ST-ZIP						1
TITLE		☐ DELETE	6.1 TIT					☐ Change	Addition	
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 ST	REET ADDR	ESS					
CITY-ST-ZIP			6.4 CR	Y-ST-ZIP						

CITY-ST-ZIP 14. I 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 affordure 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 execut this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: