Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

FILED

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90036 008 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P97000006233
	,

Corporation Name

22

23

24

Zip

City & State

DOA COMPTDUCTION COOLID

Principal Place of Business	Mailing Address	•
330 GRECO AVENUE STE 106 CORAL GABLES FL 33146	330 GRECO AVENUE STE 106 CORAL GABLES FL 33146	
2. Principal Place of Business	2a. Mailing Address	
Suite Apt # etc	Suite, Apt. #. etc.	

27

28

Zip

City & State

25 9. Name and Address of Current Registered Agent

Country

BROWN, WILLIAM F JR. 330 GRECO AVENUE STE 106 CORAL GABLES FL 33146

	DO NOT WRITE IN TH	IIS SPACE	
3.	Date Incorporated or Qualifed		
	01/16/1997		
4.	FEI Number		Applied For

□ ----

	Personal Property Tax.	Yes	□No
	10. Name and Address of New Register	ed Agent	
81	Name WILLIAM P. BROWN		
82	Street Address (P.O. Box Number is that Acceptable)	1	
83			

8. This corporation owes the current year Intangible

s 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of, Section 607.0505, Florida Statutes.

3.

65-0731286

5. Certificate of Status Desired --

6. Election Campaign Financing Trust Fund Contribution

11. Pursuant to the office or registe ROOM MANNIN SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change ☐ DELETE 1.1 TITLE TITLE BROWN, WILLIAM P 1.2 NAME NAME 6320 S.W. 149TH COURT 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33193** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 2.1 TITLE PD TITLE BROWN, WILLIAM F JR 2.2 NAME NAME 10040 S.W. 70TH STREET 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33173 CITY-ST-ZIP 2. 4 CITY-ST-ZIP □ DELETE 3.1 TITLE ☐ Change ☐ Addition STD TITLE BROWN, MAIDA P 3.2 NAME NAME 10040 SW 70TH ST 3.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33173** 34 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE VILLAR, ARNOLD 4, 2 NAME NAME 8005 SW 198TH TERRACE STREET ADDRESS 4.3 STREET ADDRESS **MIAMI FL 33189** 4.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME BROWN, WILLIAM P NAME 14715 SW 138TH PLACE 2 5.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33186 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition TITLE ☐ DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

Country

30

14. I hereby certify that the info ation 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 officer or director of the emental 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 figure 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 with an address, with all other like empowered

SIGNATURE

NIMAM P. BROWN

305-447-002B

CR2E034 (11/98)