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

PROFIT CORPORATION ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P97000029353 (4)

INDOOR AIR PURIFICATION OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address	
16574 S.W. 1ST STREET PEMBROKE PINES FL 33027	16574 S.W. 1ST STREET PEMBROKE PINES FL 33027	}
		3.
2. Principal Place of Business	2a. Mailing Address	4.
Suite, Apt #, etc	Suite, Apt #, etc	5.
City & State	City & State	

FILED Apr 23 1998 8:00am Secretary of State



Principal Pla	ice of Business	Mading Address		
1 '	1ST STREET	16574 S.W. 1ST STREET		
	PINES FL 33027	PEMBROKE PINES FL 33		
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 04/01/1997
2. Principal	Place of Business	2a. Mailing Address		4. FEI Nupober Applied For
21		26		4. FEI Number 0743195 Applied For Not Applicable
Suite, Ap	l #, elc:	Suite, Apt #, etc		5. Certificate of Status Desired Section Secti
City & Sta	nto	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	[25]		30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	l Registered Agent		10. Name and Address of New Registered Agent
	ERNANDEZ, PAUL		81 Name	
	6574 S.W. 1ST STREET		82 Street Ad	dress (P.O. Box Number is Not Acceptable)
P	EMBROKE PINES FL 33027			
			83	
			84 City	
	_		O4) City	· FI 85 Zip Code
office or agent 1	am familiar with, and accept the obliga	' and 607.1508, Florida Statute of Florida. Such change was a itions of, Section 607.0505, Flo	es, the above-named co authorized by the corpor orida Statutes.	erporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Locustin		-y	4/19/98
12.	Signature, hypercontrolled to favor repetered ager OFFICE RS AND		Rugistered Agent signature req	
TATLE	T D	DELETE	1.1 1071.6	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	FERNANDEZ, PAUL	_ prest	1.2 NAME	Change C Addition
STREET ADDRESS	44204 6111 462 622		•	
	PEMBROKE PINES FL 33027		1.3 STREET ADDRESS	
CITY - ST - ZIP TITLE	D D	DELETE	1.4 CITY - ST - ZIP	
	FERNANDEZ, JUTTA	□ DELLIE	21 TITLE	Change Addition
NAME	40554 0 11/ 405 0505		2 2 NAME	
STREET ADDRESS	PEMBROKE PINES FL 33027		23 STREET ADDRESS	i
CITY-ST-ZIP	PEMBRUNE PINES PL 33021		2 4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME	1		. 3.2 NAME	
STREET ADDRESS	1		3 3 STREET ADDRESS	
CITY-ST-ZIP		····	3 4 CITY-ST-ZIP	
TITLE	1	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS	1		4.3 STREET ADDRESS	
CITY - ST - ZIP		<u></u>	4.4 CITY-ST-ZIP	
TITLE		☐ DELFTE	5 1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STHEET ADDRESS	
CITY - ST - ZIP	1		5.4 CITY-ST-ZIP	
TITLE		DELETE	61 TITLE	Change Addition
NAME			6 2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY - S1 - ZIP	
			= 0 1 OFF 1 017 (II)	

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 signature shall have the same legal effect as it 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.

4/10/00

954 441 9105