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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000035966

1. Corporation Name GOLDCOAST REFRIGERATION & AIR CONDITIONING, INC.

FILED 99 DEC 14 PM 3:07 SECRETARY OF STATE PALM BEACH, FLORIDA

Principal Place of Business 1100 PONCE DE LEON BLVD. CORAL GABLES FL 33134 Mailing Address 1100 PONCE DE LEON BLVD. CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8261 SW 28 ST Suite, Apt. #, etc. 22 MIAMI, FL. 23 33155 US 24 25 26a. Mailing Address 26 8261 SW 28 ST Suite, Apt. #, etc. 27 MIAMI, FL. 28 33155 US 29 30

3. Date Incorporated or Qualified 04/18/1997 4. FEI Number 65-0746762 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. Yes No

HELLMAN, MAYNARD 1100 PONCE DE LEON BLVD. CORAL GABLES FL 33134

10. Name and Address of New Registered Agent 81 Name ARMANDO COLLS 82 Street Address (P.O. Box Number is Not Acceptable) 8261 SW 28 ST 83 84 City MIAMI FL 85 Zip Code 33155

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.

SIGNATURE Armando Colls 12/18/99 DATE

12. OFFICERS AND DIRECTORS D COLLS, ARMANDO 1100 PONCE DE LEON BLVD. 8261 SW 28 ST CORAL GABLES FL 33134 MIAMI, FL 33155

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 200003079452-1 -12/23/99-01059-007 \*\*\*750.00 \*\*\*750.00 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

REINSTATEMENT 99 11TS

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 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, with all other like empowered.

SIGNATURE: Armando Colls 12/18/99 (305) 903-7786

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