

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 # P97000035966

1. Corporation Name

GOLDCOAST REFRIGERATION & AIR CONDITIONING, INC.

Principal Place of Business

1100 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Mailing Address

1100 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

2. Principal Place of Business

21 8261 SW 28 ST

Suite, Apt. #, etc.

2a. Mailing Address

26 8261 SW 28 ST

Suite, Apt. #, etc.

22 City & State

23 MIAMI, FL.

24 Zip Country
33155 US

27 City & State

28 MIAMI, FL.

29 Zip Country
33155 US

9. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 ☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

ARMANDO COLLIS

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS COLLS, ARMANDO
CITY-ST-ZIP 1100 PONCE DE LEON BLVD. 8261 SW 28 ST
CORAL GABLES FL 33134 MIAMI, FL 33155

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME 200003079452--1
1.3 STREET ADDRESS -12/23/99--01059--007
1.4 CITY-ST-ZIP ****750.00 ****750.00

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/99

(305) 903-7786

FILED

99 DEC 14 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0198314

CR2E034 (11/98)