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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000026704

D & M A	NAME NIR CONDITIONING & APPL	IANCE, INC.			A HARMANN HAN HANNI KANDI KANDI KANDI BARNI BANDI KANDI KANDI BANDI KANDI BANDI BANDI BANDI BANDI
Principal Place of Business Mailing		Mailing Address			
7951 S.W. 40TH STREET 7951 S.W. 40TH STREET					
SUITE 206 SUITE 206					DO NOT WRITE IN THIS SPACE
MIAMI FL 3315	•	MIAMI FL 33155			Date Incorporated or Qualifed
					03/23/1998
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 4. 65-08 2 2 0 6 8 Applied For Not Applicable
21		26			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State		City & State	─		6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	_	untry	8. This corporation owes the current year Intangible
24	25 29 30		30		Personal Property Tax. Yes No
	9. Name and Address of Curren	t Registered Agent		04 None	10. Name and Address of New Registered Agent
DODGE, DAVID				81 Name	Dodge David
343 ALMERIA AVENUE				82 Street A	ddress (P.Q. Bo) Number is Not Acceptable)
CORAL GABLES FL 33134					6440 SW 44 ST,
CUMAL GABLES FL 33134				83	
				84 City A	85 Zip Code
				1 1 1 1	♥/1//1//1 FL スス/てく
11. Pursuant office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State of familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was tions of Section 607.0505, Fl	ites, the authorize orida Sta	above-named co d by the corpor tutes.	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	aak-	E: Registere	<u>Dre</u>	PSICENT 4-27-99 Quired when reinstating) DATE
12.		D DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 7	TILE	☐ Change ☐ Addition
NAME	DODGE, DAVID		1.2	IAME	
STREET ADDRESS 6440 S.W. 44TH STREET			1.3.5	STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33155				CITY-ST-ZIP	
TITLE	SVD	☐ DELETE 2.1 TO			☐ Change ☐ Addition
NAME	MARRERO, FRANK		2.21	NAME	
STREET ADDRESS	6440 S.W. 44TH STREET			STREET ADDRESS	
	MIAMI FL 33155			CITY-ST-ZIP	
CITY-ST-ZIP		☐ DELETE		ITLE	☐ Change ☐ Addition
		_	1	NAME .	
NAME				STREET ADDRESS	•
STREET ADDRESS			1	CITY-ST-ZIP	
CITY-ST-ZIP	C DELETE		_	TTLE	☐ Change ☐ Addition
TITLE		C. Detric		NAME	
NAME				l	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	4.4 (5.1 1	CITY-ST-ZIP	Change . Addition
TITLE			5.1	III.E	Contained Contai

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 further 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. CITY-ST-ZIP

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE: A

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

305 - 261 - 6251

Addition

Change