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 # P98000040314

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90004 025 ***150.00

AIR CON	INECTION OF MIAMI, INC								EL 14841 E181 1681
Principal Place of Business Mailing Address							T TERMINEN THE INCIDENT CONTRACTOR OUT OF THE	Bai th Biai t Baine iti	01 (1811 8/81 1881
1352 N.W. 172ND TERR. 1352 N.W. 172ND TERR. MIAMI FL 33169 MIAMI FL 33169							DO NOT WRITE IN	THIS SPACE	
							3. Date Incorporated or Qualifed	INIS SPACE	
							05/01/1998		
Principal Place of Business 2a. Mailing Address							4. FEI Number		Applied For
26						65-0831147	1	lot Applicable	
			Suite, Apt. #, etc.				5. Certifcate of Status Desired	-	Additional Required
City & State			City & State				6. Election Campaign Financing Solution \$5.00 May Be Trust Fund Contribution Added to Fees		
23	Country	28	7in	Countr					101663
Zip 24	Country 25		٠ '		aria y		 This corporation owes the current year Personal Property Tax. 	ar mangible XX Yes	□No
47	9. Name and Address of Curr	29 ent Regis	tered Agent				10. Name and Address of New Registe	ered Agent	
	,	······································		81	1	Name			
NEWBERRY, WALTER JR. 1352 N.W. 172ND TERR.				82	2 3	Street Addres	ss (P.O. Box Number is Not Acceptable)		
MIAMI FL 33169				83	3				
				84	4 (City		FL 85 Zig	Code
					L		ration submits this statement for the purpor		to registered
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florid	ta. Such change was a	uthorized by	v ine	e corporation	is poard of directors. Thereby accept the a	эрронипен аз	egistered
	Signature, typed or printed name of registered	· · · · · · · · · · · · · · · · · · ·			ent si	gnature required			CODE IN 12
12.	OFFICERS	AND DIRE		13.		1	ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	
TITLE	D		☐ DELETE	1.1 TITLE				c.ag.	
NAME	NEWBERRY, WALTER JR.			1.2 NAME		200500			
STREET ADDRESS	1352 N.W. 172ND TERR.			1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33169		1.4 CITY-: 2.1 TITLE		IP I		Change	Addition	
TITLE	D DELUCEDON DIAMA DENICE	_		2.1 IIILE 2.2 NAME					
NAME	NEWBERRY, DIANA DENICE			2.3 STREE		DDDEEC			
STREET ADDRESS				l l		l l			
CITY-ST-ZIP	MIAMI FL 33169		☐ DELETE	2. 4 CITY- 3.1 TITLE		217		Change	e Addition
TITLE				3.2 NAME					
NAME OTREET ADDRESS				3.3 STREE		OUBESS			
STREET ADDRESS				3.4 CITY-					
CITY-ST-ZIP TITLE			☐ DELETE	4.1 TITLE				☐ Change	e ☐ Addition
NAME				4 2 NAME			and the same of th		
STREET ADDRESS				4.3 STREI		DDRESS	÷ .		
CITY-ST-ZIP				4.4 CITY-					
TITLE			☐ DELETE	5.1 TITLE				Change	e 🔲 Addition
NAME				5.2 NAME	:				
STREET ADDRESS				5.3 STREE	ET AL	DORESS			
CITY-ST-ZIP				54 CITY-	ST-Z	ZIP			
TITLE			☐ DELETE	6.1 TITLE				Change	Addition
NAME				6.2 NAME	•				
STREET ADDRESS				6.3 STRE	ET AL	DDRESS			
	!			64 CITY	ST-7	PIP			

14. 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: