2001 UNIFORM-BUS	INESS REPO	RT	(UBR)	FILED	```
DOCUMENT #. P9800058655					~
J.S. AIR CONDITIONING CORK			DI-SEP 27 AM 8: 21		
			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address				Francis is a committee of the committee	
7951 SW 40	ST. #206			•	
Miami, FL					
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.				2000 TOO POOL UBR) }
City & State	City & State			4. FEI Number 0427148 Applied For Not Applicable	
Zip Country	Zip	Coun	try	5. Certificate of Status Desired Sa.75 Additional Fee Required	
6. Name and Address of Current	t Registered Agent			7. Name and Address of New Registered Agent	1
Tous Malabac			Name]
Jesus Helchor 7951 SW 40 ST.#2		206	Street Address	(P.O. Box Number is Not Acceptable)	
Hiami, FL	33155		City	EL Zip Code	
					-
8. The above named entity/sub/hits this statement f	or the purpose of changing its	registere	ed office of registe	ered agent, or both, in the State of Florida.	
SIGNATURE Signature, typing or printed name of registered agen	t and title if applicable. (NOTE	Registere	d Agent signature require	d when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	Ti. JAfter MAY 1, 200)1 Fee.	will be \$550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11. OFFICERS AND	Make Check Payab	12.	. La la compani de la comp	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	4
TITLE PITIO	☐ Delete	TITLE	:	☐ Change ☐ Addition	8
NAME Jesus Helcho	-t- 20/a	MAM	į.	6000046274563 -10/08/0101081005	= =====================================
STREET ADDRESS 7951 SW 40 ST. CITY-ST-ZIP WOOM FI 22155		£ .	ET ADDRESS -ST-ZIP	****150.08 *****150.08	2E034 (11/00)
TITLE SIVID 11 ACC	☐ Delete	TITLE		Change Classica	CRZE
NAME Dogoberto High	nbu	NAM	(600004627456 — Addition 10/08/01—01081—006	0
	. #206 313 3	Ŀ	ET ADDRESS -ST-ZIP	****150.00 ****150.00	
TITLE Niami, FL 33	□ Delete	TITLE		☐ Change 4 , ☐ Addition	-
NAME .	State Lat	NAM	ļ	C Orlange 1, C Addition	
STREET ADDRESS		Ħ	ET ADDRESS	· · · · · · · · · · · · · · · · · · ·	
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TITLE	☐ Delete	TITLE		A Change . Addition	1
NAME STREET ADDRESS		NAM			
STREET ADDRESS CITY-ST-ZIP	•	2	ET ADDRESS -ST-ZIP		
13. 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 report or supplemental 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 11 or Block 12 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 Date Daytime Phone #					

J.S. Air Conditioning Corp-

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I FURTHER STATE THAT I NEVER RECIEVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

PRESIDENT