## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **P98000086420** 1. Corporation Name

ALL AROUND AC & REFRIGERATION SERVICE REPAIR INC

## Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90071 031 \*\*\*150.00



| Principal Place   | e of Business   | Mailing Address  |                     |                 |                            | 1 100 State   110   10 (6)   1 |           |               |             |             |             |              |                                       |
|---|---|--|---------------------|-----------------|----------------------------|--|-----------|---------------|-------------|-------------|-------------|--------------|---------------------------------------|
| 10932 NW 7TH  | ST. APT 2   | 10932 NW 7TH ST. APT 2   |                     |                 |                            |  |           |               |             |             |             |              |                                       |
| MIAMI FL 33172  | MIAMI FL 33172  | FL 33172   |                     |                 | DO NOT WRITE IN THIS SPACE |  |           |               |             |             |             |              |                                       |
|   |   |  |                     |                 |                            | 3 Date   | Incorpo   | rated or Qu   |             |             |             |              |                                       |
|   |   |  |                     |                 | }                          | •-   | 07/199    |               |             |             |             |              |                                       |
| 2 Principal P   | ace of Business   | 2a. Mailing Address  |                     |                 | +                          | 4 FELL   | Number    |               | 4           |             |             | Appl         | ied For                               |
| 2. Principal Place of Business 25 Terr 2a. Mailing Address 25 12 (67665.W. 25 |   |  | 5 Te                | "               |                            | "  | 56.       | -08           | 677         | 39          |             | Not          | Applicable                            |
| Suite, Apt, #, etc. Suite, Apt, #, etc.                                       |   |  |                     |                 |                            |  |           |               |             |             | \$8.7       | <b>'5</b> Ad | ditional                              |
| NA  |   |  |                     |                 |                            | 5. Certi   | itcate of | Status Des    | ired i      |             | Fee         | Req          | uired                                 |
| City 9 State  |   |  |                     |                 |                            | 6. Elec  | tion Car  | npaign Fina   | incing ,    |             | \$5.0       | 00 M         | lay Be                                |
| 23 Miani FC 28 Miani FC   |   |  | ے کے                |                 |                            | Trus   | t Fund (  | Contribution  |             |             | Add         | led to       | Fees                                  |
| Zip   | Country   | Zip 2310 0   | Country             |                 | $\Box$                     | 8. This  | corpora   | tion owes t   | he curren   | t year Int  |             | _            | _                                     |
| 41.331  | 55 <sub>25</sub> USA  | 29 33155 30  |                     | SA              |                            |  |           | perty Tax.    |             |             | X Yes       | Ł            | ]No                                   |
|   | 9. Name and Address of Current  | Registered Agent   |                     |                 |                            | 10. Nam  | ne and /  | Address of    | New Reg     | jistered    | Agent       |              |                                       |
|   |   |  | 81                  | Name            |                            |  |           |               |             |             |             |              |                                       |
| PEREZ, JOSE   |   |  |                     |                 | Address                    | (P,O. B  | Box Num   | ber is Not A  | Acceptable  | e)          |             |              |                                       |
| 10932 NW 7TH ST, APT 2  |   |  |                     |                 | -                          | `  |           |               |             | ·           |             |              |                                       |
| MIAMI FL 33172  |   |  | 83                  |                 |                            |  |           |               |             |             |             |              |                                       |
|   |   |  | 84                  | City            |                            |  |           |               |             |             | 85 2        | Zip Co       | ode                                   |
|   |   |  |                     |                 | •                          |  |           | _             |             | FL          | .           | •            |                                       |
| 11. Pursuant  | to the provisions of Sections 607.0502  | and 607.1508, Florida Statutes, th   | e abov              | e-named         | corporat                   | tion sub   | mits this | statement     | for the pu  | rpose of    | changing    | gits r       | egistered<br>stered                   |
| office or r<br>agent. I a   | egistered agent, or both, in the State of me familiar with, and accept the obligation | or Florida. Such change was author<br>ions of, Section 607.0505, Florida S | izeu by<br>Statutes | une corpi<br>i. | on audit s                 | board C  | ol dilect | ars. I nereu  | y accept t  | rie appoi   | ingricine a | .u .ug.      |                                       |
| SIGNATURE   | , ,   |  |                     |                 |                            |  |           |               |             |             |             |              | }                                     |
| SIGNATORE   | Signature, typed or printed name of registered agent                                  |  | tered Ager          | nt signature r  | required who               |  |           |               |             | DATE        |             |              |                                       |
| 12.   | OFFICERS AND  |  | 13.                 |                 | TB . a .                   | ADDI<br>そくと  |           | CHANGES       | TO OFFIC    | CERS AN     | D DIREC     | CTOR         | S IN 12 Addition                      |
| TITLE   | D   |  | I.1 TITLE           |                 |                            |  |           | PRE           | 5100        | ***         | ا الحال الم | iñe<br>D     | L Accident                            |
| NAME  | HERNANDEZ, JUAN CARLOS  |  | 1.2 NAME            |                 | 00                         | AN   | CB        | 8205<br>'U' 7 | ושרא.<br>מש | RNAN<br>- A | NF 5        | 2            | Ì                                     |
| STREET ADDRESS  | 10932 NW 7TH ST, APT 2  | Į.   | 1.3 STREE           | T ADDRESS       | 10                         | 969  | N         | 100 1         | 9.7         | ·79         | ,           |              |                                       |
| CITY-ST-ZIP   | MIAMI FL 33172  |  | 4 CITY-S            | T-ZIP           | 111                        | 111  | <u> </u>  | FL            | 557         | /           |             |              | Addition                              |
| TITLE   |   | ☐ DELETÉ :   | 2.1 TITLE           |                 | İ                          |  |           |               |             |             | Char        | nge          | ☐] Addition                           |
| NAME  |   |  | 2.2 NAME            |                 |                            |  |           |               |             |             |             |              | 1                                     |
| STREET ADDRESS  |   | 1:   | 2.3 STREE           | TADDRESS        | 3                          | *  |           |               |             |             | -           |              |                                       |
| CITY-ST-ZIP   |   |  | 2. 4 CITY-5         | ST-ZIP          |                            | 31   |           |               |             |             |             |              | T A delition                          |
| TITLE   |   | ☐ DELETE :   | 3.1 TITLE           |                 |                            | 1  |           |               |             |             | Char        | nge          | Addition                              |
| NAME  |   |  | 3.2 NAME            |                 |                            | ,  | •         |               |             |             |             |              |                                       |
| STREET ADDRESS  |   | <b>.</b>   | 3.3 STREE           | TADDRESS        | 6                          |  |           |               |             |             |             |              |                                       |
| CITY-ST-ZIP   |   |  | 3.4, CITY-5         | ST-ZIP          |                            |  |           |               |             |             |             |              | · · · · · · · · · · · · · · · · · · · |
| TITLE   |   | ☐ DELETE   | 4.1 TITLE           |                 |                            |  |           |               |             |             | Cha:        | nge          | Addition                              |
| NAME  |   | <u>.</u>   | 4, 2 NAME           |                 |                            |  |           |               |             |             |             |              |                                       |
| STREET ADDRESS  |   |  | 4.3 STREE           | TADDRESS        | 3                          |  |           |               |             |             |             |              |                                       |
| CITY-ST-ZIP   |   |  | 4.4 CITY-S          | T-ZIP           |                            |  |           |               |             |             |             |              |                                       |
| TITLE   |   |  | 5.1 TITLE           |                 |                            |  |           |               |             |             | ☐ Chai      | nge          | ☐ Addition                            |
| NAME  |   |  | 5.2 NAME            |                 |                            |  |           |               |             |             |             |              |                                       |
| STREET ADDRESS  |   |  |                     | TADDRESS        | 3                          |  |           |               |             |             |             |              |                                       |
| CITY-ST-ZIP   |   |  | 5.4 CITY-S          | ST-ZIP          | ļ                          |  |           |               |             |             |             |              |                                       |
| TITLE   |   | ☐ DELETE   | 6.1 TITLE           |                 |                            |  |           |               |             |             | Chai        | nge          | Addition                              |
| NAME  |   |  | 6.2 NAME            |                 |                            |  |           |               |             |             |             |              |                                       |
| STREET ADDRESS  |   |  | 6.3 STREE           | TADDRESS        | 3                          | •  |           |               |             |             |             |              | 1                                     |
|   |   |  | 0.4.0177.4          | × 710           | 1                          |  |           |               |             |             |             |              |                                       |

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 copporation 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

305-663-9221