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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # S39920

(1)

A.C.T. AIR CONDITIONING TECH, INC.

FILED
Apr 02 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address 1928 WEST 64TH ST. 1828 WEST 64TH ST. 1841 FL 33012 HIALEAH FL 33012-6018								
					3. Date Incorporated or Qualified 03/21/1991		ale of Last F /11/1996	Report
2. Principal Place of Business 21 Suite, Apt. #, etc.		28. Mailing Address 26 Suite, Apt. #, etc.			4. FEI Number 65-0252071		A	oplied For ot Applicat
					5. Certificate of Status Desired See Regulred			
22		27 City & State 28			Etection Campaign Financing Trust Fund Contribution		\$5.00	May Be
23 Country 24 25		7 p Country 29 30		Trust Fund Contribution Added to Fees 8. This corporation has liability for intengible tex under s. 199.032, Florida Statutos Y yes No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
SERON, RAUL 1828 WEST 64TH ST. HIALEAH FL 33012		81 82 63	Street Add	ess (P.O. Box Number is Not Acceptable)				
		84 City		Ì			85 Zip	Code
11. Pursuant to the provision office or registered age agent. I am familiar with	ons of Sections 607.0 ent, or both, in the St n, and accept the ob	0502 and 607,1508, Florida State of Florida Such change w oligations of, Section 607,0505		,	poration submits this statement for the tion's board of directors. I hereby acc	FL e purpose c cept the ap	-	
SIGNATURE	r printed name of registered		atules, the abovers authorized b in Florida Statute	re-named corry the corporals.	poration submits this statement for the tion's board of directors. I hereby according when renstating) ADDITIONS/CHANGES TO OFF	DATE	bf changing i pointment as	ts register registere
SIGNATURE Signature, typicid or	r printed name of registered	agent and little if applicable	atules, the aboves authorized by Florida Statute	re-named corry the corporals.	ited when reinstating)	DATE	bf changing i pointment as	ts registere registered
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6.4 CITY - ST - ZIP CITY-ST-ZIP 14. To 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 armual 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 of the received 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 appear of with an address.

5.3 STREET ADDRESS

6.3 STREFT ADDRESS

5.4 CITY - \$1 - 7IP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

Addition