FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 3:58

DOCUMENT # **S97310** **(4)**

1. Corporation Name

AIR FORCE MECHANICAL AIR CONDITIONING AND REFRIGERATION, INC.

Principal Place of Business	Mailing Address
% LUIS M. PRIETO 5998 WEST 18TH AVENUE HIALEAH FL 33012	% LUIS M. PRIETO 5998 WEST 18TH AVENUE HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/03/1991**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business	2a. Mailing Address
21 1201 W 79 ST	26 P.O. BOX 171026
22 Suite, Apt. #, etc. —	27 Suite, Apt. #, etc. —
23 City & State: HIALEAH, FLA	28 City & State: HIALEA. FLA
24 Zip: 33014 25 Country: DADE	29 Zip: 33017 1026 30 Country: DADE

4. FEI Number: **65-0311967** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRIETO, LUIS M **5998 W 18TH AVE** **HIALEAH FL 33012**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when mandatory.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	PRIETO, LUIS M	12 NAME	
STREET ADDRESS	5998 W 18 AVE	13 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	PRIETO, ENRIQUE A	22 NAME	
STREET ADDRESS	20808 NW 55 CT	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	PRIETO, DOLORES P	32 NAME	
STREET ADDRESS	17287 NW 60 CT	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	PRIETO, ESTHER C	42 NAME	
STREET ADDRESS	5998 W 18 AVE	43 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Luis M Prieto LUIS M PRIETO 2/23/95 (305) 8254446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR 1199 OP