

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

FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S97310 (4)

1. Corporation Name  
AIR FORCE MECHANICAL AIR CONDITIONING AND REFRIG  
ERATION, INC.

Principal Place of Business  
1201 W. 79TH ST.  
5866 WEST 18TH AVENUE  
HIALEAH FL 33074  
US

Mailing Address  
P.O. BOX 171026  
5866 WEST 18TH AVENUE  
HIALEAH FL 33017-1026  
US



2. Principal Place of Business  
21 8372 NW 74th Ave  
Suite, Apt. #, etc.

2a. Mailing Address  
26 8372 NW 74th Ave  
Suite, Apt. #, etc.

22 City & State  
23 Medley Florida  
Zip Country  
24 33166 25 USA

27 City & State  
28 Medley Florida  
Zip Country  
29 33166 30 USA

3. Date Incorporated or Qualified  
12/03/1991

3a. Date of Last Report  
04/16/1996

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

PRIETO, LUIS M  
1201 W 79TH STREET  
HIALEAH FL 33014

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PRIETO, LUIS M	
STREET ADDRESS	1201 W 79TH STREE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PRIETO, ENRIQUE A	
STREET ADDRESS	20806 NW 55 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PRIETO, ESTHER C.	
STREET ADDRESS	1201 W 79TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PRIETO, ESTHER C	
STREET ADDRESS	1201 W 79TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/97 (305) 863-6133

Date Daytime Phone #

CR2E034 (9/96)