FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED

DOCUMENT # V73567 (2)

1. HYVAC AIR CONDITIONING SERVICES INC.

Principal Office Address
290 SW 12TH AVE.
SUITE 8
POMPANO BEACH FL 33069

Mailing Address
290 SW 12TH AVE.
SUITE 8
POMPANO BEACH FL 33069

3. Date Incorporated / Qualified: 10/21/1992
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business
21
2a. Mailing Address
26

Suite, Apt. #, etc.
22
Suite, Apt. #, etc.
27

City & State
23
City & State
28

24 25 29 30

4. FEI Number: 65-0364790 — 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. Does corporation has taxable income as defined under S. 220.03 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CABRERA, ANGEL
290 SW 12TH AVE.
SUITE 8
POMPANO BEACH FL

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 607.0505 and 607.150(8) 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, thereby, to wit: the appointment of registered agent. I am familiar with and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS (A-J)	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	CABRERA, ANGEL	NAME	
STREET ADDRESS	290 SW 12TH AVE., #8	STREET ADDRESS	
CITY, ST, ZIP	POMPANO BEACH FL	CITY, ST, ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	BLANCO, PETER	NAME	
STREET ADDRESS	290 SW 12TH AVE., #8	STREET ADDRESS	
CITY, ST, ZIP	POMPANO BEACH FL	CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is substantially accurate and complete, and that I am familiar with the provisions of Chapter 607 Florida Statutes. Further, I hereby certify that I am an officer or director of the corporation or the agent of the corporation upon whom this report is to be made, and that this report is made pursuant to the provisions of Chapter 607 Florida Statutes, and that by noting an asterisk (*) after the name of any officer or director, I have attached with an address.

SIGNATURE: Angel Cabrera — May 1, 1995 305-783-7578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0112116 CP