

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V73567** (2)

1. Corporation Name

HYVAC AIR CONDITIONING SERVICES INC.



Principal Place of Business

**290 SW 12TH AVE.
SUITE 8
POMPAÑO BEACH FL 33069**

Mailing Address

**290 SW 12TH AVE.
SUITE 8
POMPAÑO BEACH FL 33069**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
10/21/1992

3a. Date of Last Report
05/01/1995

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

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 agent 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Angel Cabrera

1-22-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME: **D CABRERA, ANGEL**
2. STREET ADDRESS: **290 SW 12TH AVE., #8**
3. CITY-STATE-ZIP: **POMPAÑO BEACH FL**
4. NAME: **D BLANCO, PETER**
5. STREET ADDRESS: **290 SW 12TH AVE., #8**
6. CITY-STATE-ZIP: **POMPAÑO BEACH FL**
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1. TITLE: **V/T/D**
2. NAME: **V/T/D**
3. STREET ADDRESS: **V/T/D**
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99. STREET ADDRESS: **P/S/D**
100. CITY-STATE-ZIP: **P/S/D**

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. 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, as changed, on an appointment with an address.

SIGNATURE:

Angel Cabrera

1-22-96

(954) 783-7578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(11)

(11)

CR2E034 (12/95)