

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:14

DOCUMENT # F78481 (1)

1. Corporation Name
AGRO AIR ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1701 N.W. 66th Ave. P.O. BOX 524236 MIAMI FL 33152	P.O. BOX 524236 P.O. BOX 524236 MIAMI FL 33152 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 2261 N.W. 67th Ave		26		04/30/1982	02/24/1994
22 Suite, Apt. #, etc. Building 700		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State Miami, FL		28 City & State		59-2184485	Not Applicable
24 Zip 33122		29 Country USA		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input checked="" type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
FINE, BARRY H.
1701 N.W. 66TH AVE.
P.O. BOX 524236
MIAMI FL 33152-1236

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 2261 N.W. 67th Ave., Build. 700
84 City Miami FL 85 Zip Code 33122

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINE, J. FRANK	12 NAME	
STREET ADDRESS	1701 N.W. 66TH AVE.	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINE, M S	22 NAME	
STREET ADDRESS	1701 N.W. 66TH AVE.	23 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	24 CITY - ST - ZIP	
TITLE	VST	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINE, BARRY H.	32 NAME	
STREET ADDRESS	1701 N.W. 66TH AVE.	33 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINE, BARRY H	42 NAME	
STREET ADDRESS	1701 N.W. 66TH AVE	43 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dawn A. Fine	52 NAME	
STREET ADDRESS	2261 N.W. 67th Ave, Build. 700	53 STREET ADDRESS	
CITY - ST - ZIP	Miami, FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made and appears in Block 12 or Block 13 if checked, or on an attachment with an addition.

SIGNATURE: *Barry H. Fine* Barry H. Fine, Feb. 7, 1995 (305) 871-
DATE: _____