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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

F78481

(1)

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Secretary of State

DOCUMENT # F784

1. Corporation Name

AGRO AIR ASSOCIATES, INC.

# 208,75

Principal Place of Business Mailing Address 2261 N.W. 67TH AVE. P.O. BOX 52								
BUILDING 70 MIAMI FL 33			P.O. BÓX 524236 Miami Fl 33152 US					
US					3. Date Incorporated or Qualified   04/30/1982   3a. Date of Last Report   02/14/1995			
2. Principal Plac	e of Business	2a. Mailing Address 26			4. FEI Number 59-2184485	····		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		Oity & State			6. Election Campaign Financing			Nay Be
		28			Trust Fund Contribution			d to Fees
Zip	Country	Zp	Cour	try	8. This corporation has liability for i	-	under s	199.032,
	25 g. Name and Address of Curren	29	[30]		Florida Statutes Yes  10. Name and Address of New R	□ No legistered A	gent	
	g, Hame and Address of Conce	it neglatered Agent		B1 Name	10			
FINE, B	ARRY H.		82 Street Addr		dress (P.O. Box Number is Not Acceptable)			
1701 N.W. 66TH AVE. 2261 N.W. 67TH AVE. BUILDING 700					dress (F.O. Box Nutricer is Not Acceptable)			
			-	B3				
MIAMI F	FL 33122		-	B4 City		Fi	85 Zg	o Code
					oration submits this statement for the pur		<u> </u>	
IGNATURE	grantie Typen or printed name of register of a joint	tion 607.0505, Florida Stale fancto itassea≫		kgjeret skipilatelete resijoile	est wła i zeroskiń gi	DÁŤŧ		
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5i <b>2.</b>	grature types or protect same of register if ages t	fanctite (flactociate) D DIRECTORS			ADDITIONS/CHANGES TO OFF	ICERS AND I	DIRECTO	
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14. To mereby certify mayore information suppred with this ling is voluntary furnished and does not quarry for the exemption stated in Section 1.19.07(s)(s), Florida Statutes. 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 of Block 13 if or on an attachingent with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)871-6606