

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

**FILED**

**Mar 26 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F78481 (1)**

1. Corporation Name  
**AGRO AIR ASSOCIATES, INC.**



Principal Place of Business <b>2261 N.W. 67TH AVE. BUILDING 700 MIAMI FL 33122 US</b>	Mailing Address <b>P.O. BOX 524236 P.O. BOX 524236 MIAMI FL 33152-4236 US</b>
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3. Date Incorporated or Qualified <b>04/30/1982</b>	3a. Date of Last Report <b>04/22/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

4. FEI Number <b>59-2184485</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FINE, BARRY H.**  
~~2261 N.W. 67TH AVE.~~  
**2261 N.W. 67TH AVE. BUILDING 700  
MIAMI FL 33122**

10. Name and Address of New Registered Agent

81. Name  
**FINE, BARRY H.**

82. Street Address (P.O. Box Number is Not Acceptable)

83. **2261 N.W. 67TH. AVE. BLDG. 700**

84. City  
**MIAMI**

85. Zip Code  
**FL 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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>FINE, J. FRANK</b>	
STREET ADDRESS	<b>1701 N.W. 68TH AVE.</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>FINE, M S</b>	
STREET ADDRESS	<b>1701 N.W. 68TH AVE.</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	<b>FINE, BARRY H.</b>	
STREET ADDRESS	<b>1701 N.W. 68TH AVE.</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>FINE, BARRY H</b>	
STREET ADDRESS	<b>1701 NW 16TH AVE</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	A	<input checked="" type="checkbox"/> DELETE
NAME	<b>FINE, DAWN A.</b>	
STREET ADDRESS	<b>2261 N.W. 67TH AVE. BUILDING 700</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>John D. Zappia</b>	
1.3 STREET ADDRESS	<b>2261 NW 67th Ave, Bldg. 700</b>	
1.4 CITY- ST- ZIP	<b>Miami, FL 33122</b>	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Daniel L. Stemen</b>	
2.3 STREET ADDRESS	<b>2261 NW 67th Ave, Bldg. 700</b>	
2.4 CITY- ST- ZIP	<b>Miami, FL 33122</b>	
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 disclosed 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

**MARCH 05, 1997**

CR2E034 (9/96)