

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

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F78481 (1)
 1. Corporation Name
AGRO AIR ASSOCIATES, INC.



Principal Place of Business 2261 N.W. 67TH AVE. BUILDING 700 MIAMI FL 33122 US	Mailing Address P.O. BOX 524236 P.O. BOX 524236 MIAMI FL 33152 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 04/30/1982	
4. FEI Number 59-2184485	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FINE, BARRY H.
2261 N.W. 67TH AVE
BLDG 700
MIAMI FL 33122

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State 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 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 _____
Signature, type or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	PD	FINE, J. FRANK	
NAME		1701 N.W. 66TH AVE.	
STREET ADDRESS		MIAMI FL	
CITY - ST - ZIP			
TITLE	D	ZAPPIA, JOHN D	
NAME		2261 NW 67 AVE BLDG. 700	
STREET ADDRESS		MIAMI FL	
CITY - ST - ZIP			
TITLE	VST	FINE, BARRY H.	
NAME		1701 N.W. 66TH AVE.	
STREET ADDRESS		MIAMI FL	
CITY - ST - ZIP			
TITLE	D	FINE, BARRY H	<input checked="" type="checkbox"/>
NAME		1701 NW 16TH AVE	
STREET ADDRESS		MIAMI FL	
CITY - ST - ZIP			
TITLE	D	STEMEN, DANIEL L	
NAME		2261 N.W. 67TH AVE. BUILDING 700	
STREET ADDRESS		MIAMI FL	
CITY - ST - ZIP			
TITLE			<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE	D	Fine, J. Frank	
1.2 NAME		2261 N.W. 67th Ave	
1.3 STREET ADDRESS		Miami, FL 33152	
1.4 CITY - ST - ZIP			
2.1 TITLE			<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	PSD	Fine, Barry H.	<input checked="" type="checkbox"/>
3.2 NAME		2261 N.W. 67th Ave	
3.3 STREET ADDRESS		Miami, FL 33152	
3.4 CITY - ST - ZIP			
4.1 TITLE			<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE	T	Machado, Orlando M.	<input checked="" type="checkbox"/>
6.2 NAME		2261 N.W. 67th Ave	
6.3 STREET ADDRESS		Miami, FL 33152	
6.4 CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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; 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: *Orlando Machado* **ORLANDO MACHADO** 1/12/98 205 871-6606

CP2E034 (10/97)