

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90053 043 ***150.00

6952220

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F78481

1. Corporation Name
AGRO AIR ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
04/30/1982

4. FEI Number
59-2184485

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

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
 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 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FINE, J. FRANK	
STREET ADDRESS	2261 N.W. 67TH AVE	
CITY-ST-ZIP	MIAMI FL 33152	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZAPPIA, JOHN D	
STREET ADDRESS	2261 NW 67 AVE BLDG. 700	
CITY-ST-ZIP	MIAMI FL	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	FINE, BARRY H.	
STREET ADDRESS	2261 N.W. 67TH AVE	
CITY-ST-ZIP	MIAMI FL 33152	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MACHADO, ORLANDO M	
STREET ADDRESS	2261 N.W. 67TH AVE	
CITY-ST-ZIP	MIAMI FL 33152	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEMEN, DANIEL L	
STREET ADDRESS	2261 N.W. 67TH AVE. BUILDING 700	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fine, Frank	
1.3 STREET ADDRESS	2261 NW 67 Ave, Bldg. 700	
1.4 CITY-ST-ZIP	Miami FL 33122	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Dr D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Fine, Barry H.	
3.3 STREET ADDRESS	2261 NW 67 Ave, Bldg 700	
3.4 CITY-ST-ZIP	Miami FL 33122	
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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Lipworth, Celeste A	
6.3 STREET ADDRESS	2261 NW 67 Ave, Bldg 700	
6.4 CITY-ST-ZIP	Miami FL 33122	

14. I 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 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, with all other like empowered.

SIGNATURE: *Celeste A Lipworth* DATE: **1-7-99** DAYTIME PHONE #: **(305) 871-6606**

CR2E034 (11/98)