


**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90072 031 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # M34646**  
 1. Corporation Name  
**WATSCO INVESTMENTS I, INC.**



Principal Place of Business  
 1800 W. 4TH AVE.  
 HIALEAH FL 33010

Mailing Address  
 1800 W. 4TH AVE.  
 HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21	2665 S. Bayshore Drive	2a. Mailing Address	SAME
22	Suite, Apt. #, etc. 901	27	Suite, Apt. #, etc.
23	City & State Miami FL	28	City & State
24	Zip 33133	29	Country USA

3. Date Incorporated or Qualified  
 07/02/1986

4. FEI Number  
 59-2696358

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

9. Name and Address of Current Registered Agent

KATZ, MARTIN  
 1800 WEST 4TH AVENUE  
 HIALEAH FL 33010

10. Name and Address of New Registered Agent

81	Name	BARRY S. LOGAN
82	Street Address (P.O. Box Number is Not Acceptable)	C/O WATSCO, INC.
83		2665 S. Bayshore Drive, #901
84	City	Miami
85	Zip Code	FL 33133

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	P	<input checked="" type="checkbox"/> DELETE
NAME	FISCHER, NEAL	
STREET ADDRESS	1800 WEST 4TH AVENUE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SPOLZINO, RICHARD	
STREET ADDRESS	1800 WEST 4TH AVENUE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KATZ, MARTIN	
STREET ADDRESS	1800 W. 4TH AVE.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOGAN, BARRY S	
STREET ADDRESS	324 CADIMA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PEREZ DE LA MESA, MANUEL	
STREET ADDRESS	15885 WEST PRESWICK PLACE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NAHMAD, ALBERT	
STREET ADDRESS	18 TAHITI BEACH ISLAND ROAD	
CITY-ST-ZIP	CORAL GABLES FL 33143	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<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	P-D
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VSD
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 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: \_\_\_\_\_ DATE: 1/10/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)

305-858-0828  
Daytime Phone #