FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 AM 7:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **340651** **(9)**

1. Corporation Name
GEMAIRE DISTRIBUTORS INC.

Principal Place of Business	Mailing Address
%RONALD P. NEWMAN, %WATSCO, INC. 2665 S BAYSHORE DR. STE 901 COCONUT GROVE FL 33133	%RONALD P. NEWMAN, %WATSCO, INC. 2665 S BAYSHORE DR. STE 901 COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/27/1969
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-1237755 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NEWMAN, RONALD P.
%WATSCO, INC.
2665 S BAYSHORE DR, STE 901
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name: KENNETH A. PERKINS
82 Street Address (P.O. Box Number is Not Acceptable): % GEMAIRE DISTRIBUTORS, INC.
83: 2151 W. HILLSBORO BLVD #400
84 City: DEERFIELD BEACH, FL FL 85 Zip Code: 33442

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: Kenneth A Perkins DATE: 4/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	NAHMAD, ALBERT	12 NAME		
STREET ADDRESS	2665 S BAYSHORE DR	13 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL	14 CITY-ST-ZIP		
TITLE	P	21 TITLE		☒ Change ☐ Addition
NAME	PERKINS, KENNETH A.	22 NAME		
STREET ADDRESS	~~100 LOCK RD~~	23 STREET ADDRESS	2151 W. HILLSBORO BLVD #400	
CITY-ST-ZIP	DEERFIELD BEACH FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	VP	☐ Change ☒ Addition
NAME	LOGAN, BARRY	32 NAME	MANUEL J. PEREZ de la MESA	
STREET ADDRESS	2665 SO BAYSHORE DR	33 STREET ADDRESS	2151 W. HILLSBORO BLVD #400	
CITY-ST-ZIP	COCONUT GROVE FL	34 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	DVS	41 TITLE	T	☐ Change ☒ Addition
NAME	NEWMAN, RONALD	42 NAME	SERGIO A. RODRIGUEZ	
STREET ADDRESS	2665 S BAYSHORE DR	43 STREET ADDRESS	2151 W. HILLSBORO BLVD #400	
CITY-ST-ZIP	COCONUT GROVE FL	44 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	TAPELLA, GARY	52 NAME		
STREET ADDRESS	350 LEXINGTON AVE	53 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	LEPRI, DANIEL B.	62 NAME		
STREET ADDRESS	350 LEXINGTON AVE.	63 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 3/24/95 305-426-0614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0134314 CP