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May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 340651 (9)

1. Corporation Name  
GEMAIRE DISTRIBUTORS INC.

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

Mailing Address  
%RONALD P. NEWMAN, %WATSCO, INC.  
2665 S BAYSHORE DR. STE 901  
COCONUT GROVE FL 33133-5436

3. Date Incorporated or Qualified 01/27/1969  
3a. Date of Last Report 04/23/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-1237755	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	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

KENNETH A. PERKINS  
GEMAIRE DISTRIBUTORS, INC.  
2151 W. HILLSBORO BLVD #400  
DEERFIELD BEACH FL 33442

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12/	
TITLE	D	1.1 TITLE	DIRECTOR
NAME	NAHMAD, ALBERT	1.2 NAME	BARBARA LOBAN
STREET ADDRESS	2151 W. HILLSBORO BLVD #400	1.3 STREET ADDRESS	324 CADIMA AVE
CITY-ST-ZIP	COCONUT GROVE FL COCONUT GROVE, FL.	1.4 CITY-ST-ZIP	COCONUT GROVE FL 33134
TITLE	P	2.1 TITLE	VP - CFO
NAME	PERKINS, KENNETH A.	2.2 NAME	OSCAR KIMAGALI
STREET ADDRESS	2151 W. HILLSBORO BLVD #400	2.3 STREET ADDRESS	2151 W. HILLSBORO BLVD #400
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP	DEERFIELD BEACH FL 33442
TITLE	VP	3.1 TITLE	Controller
NAME	MANUEL J. PEREZ DE LA MESA	3.2 NAME	SERGIO A. RODRIGUEZ
STREET ADDRESS	2151 W. HILLSBORO BLVD #400	3.3 STREET ADDRESS	2151 W. HILLSBORO BLVD #400
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP	DEERFIELD BEACH FL 33442
TITLE	DVS	4.1 TITLE	
NAME	NEWMAN, RONALD	4.2 NAME	
STREET ADDRESS	2665 S BAYSHORE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	TAPELLA, GARY	5.2 NAME	
STREET ADDRESS	350 LEXINGTON AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	LEPRI, DANIEL B.	6.2 NAME	
STREET ADDRESS	350 LEXINGTON AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	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 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

017: 10

CR2E034 (9/96)