FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **344355** **(3)**

1. Corporation Name
WEATHERTROL MAINTENANCE CORP

Principal Place of Business
7400 NE 4 CT
MIAMI FL 33138
US

Mailing Address
7400 NE 4 CT
MIAMI FL 33138
US

3. Date Incorporated or Qualified: **04/10/1969**
3a. Date of Last Report: **03/21/1995**

4. FEI Number: **59-1262109** ☐ 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

2. Principal Place of Business
21 7250 NE 4 Ave
Suite, Apt. #, etc.
22 |
City & State
23 MIAMI FLA
Zip
24 33138
Country
25 USA

2a. Mailing Address
26 7250 NE 4 Ave
Suite, Apt. #, etc.
27
City & State
28 MIAMI FLA
Zip
29 33138
Country
30 USA

9. Name and Address of Current Registered Agent

BORJA, ISIDRO
7400 NE 4 CT
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name: ISIDRO BORJA
82 Street Address (P.O. Box Number is Not Acceptable)
83 7250 NE 4 AVE
84 City: MIAMI FLA FL 85 Zip Code: 33138

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 [signature] PRES 4/14/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☑ DELETE	1 1 TITLE	☒ Change ☐ Addition
NAME	BORJA,ISIDRO		1 2 NAME	
STREET ADDRESS	7400 NE 4 CT		1 3 STREET ADDRESS	7250 NE 4 Ave MIAMI FL
CITY-ST-ZIP	MIAMI FL		1 4 CITY-ST-ZIP	
TITLE	PDSD	☑ DELETE	2 1 TITLE	SD ☒ Change ☐ Addition
NAME	BORJA, CARLOS		2 2 NAME	
STREET ADDRESS	435 TIVOLI AVE.		2 3 STREET ADDRESS	1111 AGUANA AVE CORAL GABLES
CITY-ST-ZIP	CORAL GABLES FL		2 4 CITY-ST-ZIP	FLA 33143
TITLE	TR	☑ DELETE	3 1 TITLE	~~VP~~ V/TR ☒ Change ☐ Addition
NAME	BORJA, VIVIAN		3 2 NAME	
STREET ADDRESS	14610 BULL RUN BLVD #142		3 3 STREET ADDRESS	15775 MIAMI LAKEWAY N #125
CITY-ST-ZIP	MIAMI FL		3 4 CITY-ST-ZIP	MIAMI LAKES FL 33014
TITLE		☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6 4 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)(k), 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] 4/14/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)