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CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **350974** **(2)**

1. Corporation Name
AIRKEM PROFESSIONAL PRODUCTS OF MIAMI, INC.

FILED
95 JAN 23 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
137A BURLINGTON ST. OPA LOCKA FL 33054 US	537A BURLINGTON 84 P.O. BOX 995 OPA LOCKA FL 33054 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/19/1969	3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-1270299	☐ 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	2a. Mailing Address
21 549 BURLINGTON ST.	26 P.O. BOX 995
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: OPA LOCKA FLORIDA	28 City & State: OPA LOCKA, FLORIDA
24 Zip: 33054 25 Country: DADE	29 Zip: 33054 30 Country: DADE

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JANGIE, JOSEPH G 1521 NW 114TH AVE PEMBROKE PINES, FL 33026	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 _____ (Attach 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	VS	11 TITLE	☐ Change ☐ Addition
NAME	JANGIE, PATRICIA	12 NAME	
STREET ADDRESS	1521 N W 114TH AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	14 CITY-ST-ZIP	
TITLE	PTM	21 TITLE	☐ Change ☐ Addition
NAME	JANGIE, JOSEPH	22 NAME	
STREET ADDRESS	1521 N W 114TH AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: Joseph G. Jangie 1/16/95 305-681-0773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0101634 CP