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

1995 APR 26 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001467978
-04/28/95--01037--014
****200.00

DOCUMENT # **435588** **(9)**

1. Corporation Name
AIREX CORP.

Principal Place of Business	Mailing Address
10501 - 10505 S.W. 185 TERRACE P O BOX 970799 MIAMI FL 33197	10501 - 10505 S.W. 185 TERRACE P O BOX 970799 MIAMI FL 33197

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/20/1973**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-1594727** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24
Country — 25
Zip — 29
Country — 30
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GADPAILLE, BARBARA
8005 SW 184 TERRACE
MIAMI FL 33157

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
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	TD	11 TITLE	☐ Change ☐ Addition
NAME	GADPAILLE, JEANETTE R	12 NAME	
STREET ADDRESS	8005 SW 184 TERRACE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	14 CITY-ST-ZIP	
TITLE	VM	21 TITLE	☐ Change ☐ Addition
NAME	GADPAILLE, ANDRE R	22 NAME	
STREET ADDRESS	16563 SW 153 CT	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	24 CITY-ST-ZIP	
TITLE	PTD	31 TITLE	☐ Change ☐ Addition
NAME	GADPAILLE, BARBARA M	32 NAME	
STREET ADDRESS	8005 SW 184 TERRACE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	GADPAILLE, ERIC A	42 NAME	
STREET ADDRESS	8481 SW 181 STREET	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	44 CITY-ST-ZIP	
TITLE	C	51 TITLE	☐ Change ☐ Addition
NAME	GADPAILLE, RENE A	52 NAME	
STREET ADDRESS	8005 SW 184 TERRACE	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	GADPAILLE, GARY P	62 NAME	
STREET ADDRESS	22335 SW 100 AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	64 CITY-ST-ZIP	

mw 4/26/95

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: B. Gadpaille BARBARA M GADPAILLE 4/12/95 305 253-9568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

043100 FP