

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **435588** (9)

1. Corporation Name
AIREX CORP.

Principal Place of Business 10501 - 10505 S.W. 185 TERRACE P O BOX 970799 MIAMI FL 33197	Mailing Address 10501 - 10505 S.W. 185 TERRACE P O BOX 970799 MIAMI FL 33197-0799
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/20/1973	3a. Date of Last Report 04/19/1996
4. FEI Number 59-1594727	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GADPAILE, BARBARA
8005 SW 184 TERRACE
MIAMI FL 33157**

10. Name and Address of New Registered Agent
81 Name **GADPAILE, ANDRE R**
82 Street Address (P.O. Box Number is Not Acceptable)
16263 SW 153 CT
83
84 City **MIAMI** **FL** **85** Zip Code **33187**

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  **ANDRE R. GADPAILE PRESIDENT** **4/9/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GADPAILE, JEANETTE R	
STREET ADDRESS	8005 SW 184 TERRACE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VM	<input type="checkbox"/> DELETE
NAME	GADPAILE, ANDRE R	
STREET ADDRESS	16563 SW 153 CT	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	GADPAILE, BARBARA M	
STREET ADDRESS	8005 SW 184 TERRACE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GADPAILE, ERIC A	
STREET ADDRESS	8481 SW 181 STREET	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	C	<input type="checkbox"/> DELETE
NAME	GADPAILE, RENE A	
STREET ADDRESS	8005 SW 184 TERRACE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GADPAILE, GARY P	
STREET ADDRESS	22335 SW 100 AVE.	
CITY-ST-ZIP	MIAMI, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GADPAILE, ANDRE R	
2.3 STREET ADDRESS	16563 SW 153 CT	
2.4 CITY-ST-ZIP	MIAMI FL 33187	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GADPAILE, BARBARA M	
3.3 STREET ADDRESS	8005 SW 184 Terr	
3.4 CITY-ST-ZIP	MIAMI FL 33157	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:  **ANDRE R. GADPAILE** **4/9/97** **(305) 253-9568**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)