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Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90071 030 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 435588

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1973

4. FEI Number

59-1594727

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GADPAILLE, ANDRE' R  
16563 SW 153 CT  
MIAMI FL 33187

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

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 TD ☐ DELETE  
NAME GADPAILLE, JEANETTE R  
STREET ADDRESS 8005 SW 184 TERRACE  
CITY-ST-ZIP MIAMI, FL 00000

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PM ☐ DELETE  
NAME GADPAILLE, ANDRE R  
STREET ADDRESS 16563 SW 153 CT  
CITY-ST-ZIP MIAMI, FL 00000

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME GADPAILLE, BARBARA M  
STREET ADDRESS 8005 SW 184 TERRACE  
CITY-ST-ZIP MIAMI, FL 00000

3.1 TITLE TDC ☒ Change ☐ Addition  
3.2 NAME GADPAILLE, BARBARA M.  
3.3 STREET ADDRESS 8005 SW 184 TERR  
3.4 CITY-ST-ZIP MIAMI FL 33157

TITLE SD ☐ DELETE  
NAME GADPAILLE, ERIC A  
STREET ADDRESS 8481 SW 181 STREET  
CITY-ST-ZIP MIAMI, FL 00000

4.1 TITLE SD ☒ Change ☐ Addition  
4.2 NAME GADPAILLE, ERIC A  
4.3 STREET ADDRESS 20950 SW 83 AVE  
4.4 CITY-ST-ZIP MIAMI FL 33189

TITLE C ☒ DELETE  
NAME GADPAILLE, RENE A  
STREET ADDRESS 8005 SW 184 TERRACE  
CITY-ST-ZIP MIAMI, FL 00000

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME GADPAILLE, GARY P  
STREET ADDRESS 22335 SW 100 AVE.  
CITY-ST-ZIP MIAMI, FL 00000

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

GADPAILLE, JEANETTE R. GADPAILLE

4/5/99

305-253-9568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (1/98)