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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 518896 1. Corporation Name

AGRO AIR INTERNATIONAL, INC.

## **FILED** Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90033 001 \*\*\*158.75



Principal Place of Business Mailing Address 2261 NW 67TH AVENUE.. BLDG 600 P.O. BOX 523726 MIAMI FL 33122 MIAMI FL 33152 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 2. Principal Place of Business 11/22/1976 2a. Mailing Address 4. FEI Number 21 26 Applied For Suite, Apt. #, etc. <u>59</u>-1814532 Suite, Apt. #, etc. Not Applicable 22 \$8.75 Additional 27 5. Certifcate of Status Desired City & State Fee Required City & State 23 6. Election Campaign Financing 28 \$5.00 May Be Zip Trust Fund Contribution Country Zip Added to Fees Country 24 This corporation owes the current year Intangible 25 29 30 9. Name and Address of Current Registered Agent Personal Property Tax. Yes Пио 10. Name and Address of New Registered Agent Name FINE, FRANK J 242 WELLS ROAD Street Address (P.O. Box Number is Not Acceptable) 82 PALM BEACH FL 33480 83 急情報 84 City 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 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 PD CR2E034 (11/98) ☐ DELETE 11 TITLE NAME FINE, FRANK J ☐ Change 1.2 NAME STREET ADDRESS 242 WELLS ROAD 1.3 STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE NAME FINE, BARRY ☐ Change ☐ Addition 22 NAME 242 WELLS ROAD STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF PALM BEACH FL 33480 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ☐ Addition STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIE 3.4. CITY-ST-ZIP ☐ DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE NAME ☐ Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 Block 12 or Block 13 if changed, on on an attachment with an address, with all other like empowered.

SIGNATURE:

3051871-6606 TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR