FILE NOW: FILING FEE AFTER MAY 1 IS $55[redacted]00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mor[redacted]am
Secretary of St[redacted]
DIVISION OF CORPORATIONS

FILED
Mar 05 1997 8:00 am
Secretary of State

DOCUMENT # **J69121** **(8)**

1. Corporation Name
NORTEK REPAIR CENTER, INC.

Principal Place of Business	Mailing Address
7500 NW 26 ST MIAMI FL 33122 US	7500 NW 26 STREET MIAMI FL 33122-1414 US

3. Date Incorporated or Qualified: **04/24/1987**
3a. Date of Last Report: **04/05/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-2806937** ☐ 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

9. Name and Address of Current Registered Agent

MCCORMICK, ARTHUR F
7550 RED RD STE 203
S MIAMI FL 33143

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MONTALVO, J RAFELL III		1.2 NAME		
STREET ADDRESS	7500 NW 26TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	2.1 TITLE	DST	☒ Change ☐ Addition
NAME	MONTALVO, CORINA		2.2 NAME	MONTALVO, CORINA	
STREET ADDRESS	7400 NW 26TH ST		2.3 STREET ADDRESS	12500 VIRTUDES ST	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	MONTALVO, J RAFAEL		3.2 NAME	MONTALVO, J. RAFAEL	
STREET ADDRESS	12400 VIRTUDES		3.3 STREET ADDRESS	12500 VIRTUDES ST	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MONTALVO, EDUARDO L		4.2 NAME		
STREET ADDRESS	6020 SW 133 ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BEAUBIEN, CORINA		5.2 NAME	BEAUBIEN, CORINA	
STREET ADDRESS	12500 VIRTUDES		5.3 STREET ADDRESS	6900 OAMARIN ST	
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [redacted]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #