

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J69121** (8)
1. Corporation Name
NORTEK REPAIR CENTER, INC.

Principal Place of Business 7500 NW 26 ST MIAMI FL 33122 US	Mailing Address 7500 NW 26 STREET MIAMI FL 33122 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/24/1987	
4. FEI Number 59-2806937		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		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**KLEIN, PETER W
2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 607.0507 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 in printed name of registered agent if and where applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	CEO/P/D
NAME	MONTALVO, J RAFAEL III	1.2 NAME	J. Rafael Montalvo, III
STREET ADDRESS	7500 N.W. 26TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33122	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D/COB
NAME	MORAN, MICHAEL E	2.2 NAME	Earl W. Powell
STREET ADDRESS	2665 S. BAYSHORE DR., SUITE 800	2.3 STREET ADDRESS	2665 S. Bayshore Drive
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	D	3.1 TITLE	
NAME	MONTALVO, J RAFAEL	3.2 NAME	
STREET ADDRESS	7800 N.W. 26TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	EVD	4.1 TITLE	
NAME	MONTALVO, EDUARDO L	4.2 NAME	
STREET ADDRESS	7800 N.W. 26TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33122	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	S
NAME	KLEIN, PETER W	5.2 NAME	Peter W. Klein
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 800	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	
NAME	KUFFNER, MARILYN D	6.2 NAME	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 800	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	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 addendum with an address.

SIGNATURE:



, Marilyn D. Kuffner, Asst. Sec. 4-28-98 305/858-8220

CR2E034 (10/97)