

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K30271** (6)

1. Corporation Name

PROTEC COOLING TOWERS, INC.



Principal Place of Business

Mailing Address

**6935 NW 50TH STREET
MIAMI FL 33166-5633**

**6935 NW 50TH STREET
MIAMI FL 33166-5633**

3. Date Incorporated or Qualified
08/05/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOTOLONGO, ALFREDO
6935 NW 50TH ST
MIAMI FL 33166**

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]

Alfredo Sotolongo

4/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** DELETE
NAME **SOTOLONGO, ALFREDO**
STREET ADDRESS **6935 NW 50 ST**
CITY - ST - ZIP **MIAMI FL**

1.1 TITLE **V** Change Addition
1.2 NAME **GLORIA SOTOLONGO-ABINADER**
1.3 STREET ADDRESS **90 EDGEWATER DR APT.514**
1.4 CITY - ST - ZIP **CORAL GABLES, FL 33133**

TITLE **VD** DELETE
NAME **PEREZ, RENE**
STREET ADDRESS **1845 S.W. 87TH PL.**
CITY - ST - ZIP **MIAMI FL**

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

TITLE **VD** DELETE
NAME **SABATER, ENRIQUE**
STREET ADDRESS **10137 S.W. 117TH COURT**
CITY - ST - ZIP **MIAMI FL**

3.1 TITLE **V** Change Addition
3.2 NAME **ALFRDO M. SOTOLONGO**
3.3 STREET ADDRESS **90 EDGEWATER DR. APT. 1214**
3.4 CITY - ST - ZIP **CORAL GABLES, FL 33133**

TITLE **S** DELETE
NAME **SOTOLONGO, GLORIA**
STREET ADDRESS **660 CALATRAVA AVE**
CITY - ST - ZIP **CORAL GABLES FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **V** DELETE
NAME **ESPINO, JORGE**
STREET ADDRESS **11621 S.W. 102ND STREET**
CITY - ST - ZIP **MIAMI FL**

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

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

(305) 594-3684

CR2E034 (12/95)