

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

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K30271 (6)**  
 1. Corporation Name  
**PROTEC COOLING TOWERS, INC.**



Principal Place of Business <b>6935 NW 50TH STREET MIAMI FL 33166-5633</b>	Mailing Address <b>6935 NW 50TH STREET MIAMI FL 33166-5633</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified <b>08/05/1988</b>	
4. FEI Number <b>65-0087734</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. 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

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

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

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	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOTOLONGO, ALFREDO</b>	1.2 NAME	
STREET ADDRESS	<b>6935 NW 50 ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ, RENE</b>	2.2 NAME	
STREET ADDRESS	<b>1845 S.W. 87TH PL.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SABATER, ENRIQUE</b>	3.2 NAME	
STREET ADDRESS	<b>10137 S.W. 117TH COURT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOTOLONGO, GLORIA</b>	4.2 NAME	
STREET ADDRESS	<b>680 CALATRAVA AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESPINO, JORGE</b>	5.2 NAME	<b>D ESPINO, JORGE</b>
STREET ADDRESS	<b>11821 S.W. 102ND STREET</b>	5.3 STREET ADDRESS	<b>7920 S.W. 69 TER.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	<b>MIAMI, FL. 33143</b>
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLORIA SOTOLONGO-ABINADER</b>	6.2 NAME	
STREET ADDRESS	<b>90 EDGEWATER DR, APT. 514</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	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)(l), 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 in an attachment with an address.

SIGNATURE: *[Signature]* **04-15-98**

CR2E034 (10/97)