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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M34425

1. Corporation Name
WATSCO INVESTMENTS II, INC.

Principal Place of Business
625 WEST 18TH STREET
HIALEAH FL 33010

Mailing Address
625 WEST 18TH STREET
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1986

2. Principal Place of Business

21 **2665 S. Bayshore Drive**
 Suite, Apt. #, etc.

22 **#901**23 **Miami FL**24 **33133**25 **USA**

2a. Mailing Address

26 **SAME**
 Suite, Apt. #, etc.

27 **Miami FL**28 **33133**29 **USA**

4. FEI Number

59-2695203

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional Fee Required

6. Election Campaign Financing

☐**\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes☐ No

9. Name and Address of Current Registered Agent

KATZ, MARTIN
1800 W. 4TH AVENUE
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name **BARRY LOGAN**

82 Street Address (P.O. Box Number is Not Acceptable)

610 WATSCO, INC83 **2665 South Bayshore Drive #901**84 City **Miami**

FL

85 Zip Code **33133**

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. Each 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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and use if appropriate.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE

NAME **FISCHER, NEAL**
 STREET ADDRESS **1800 W 4TH AVE**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **T** ☐ DELETE

NAME **KATZ, MATRIN**
 STREET ADDRESS **1800 W 4TH AVE**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **V** ☐ DELETE

NAME **SPOLZINO, RICHARD**
 STREET ADDRESS **1800 W 4TH AVE**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **SD** ☐ DELETE

NAME **LOGAN, BARRY S**
 STREET ADDRESS **324 CADIMA AVENUE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VD** ☐ DELETE

NAME **PEREZ DE LA MESA, MANUEL**
 STREET ADDRESS **15885 WEST PRESWICK PLACE**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **D** ☐ DELETE

NAME **NAHMAD, ALBERT**
 STREET ADDRESS **18 TAHITI BEACH ISLAND ROAD**
 CITY-ST-ZIP **CORAL GABLES FL 33143**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **P.D.** ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE **SVD** ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

3055580828

Daytime Phone #

CR2E034 (11/98)