

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 # **M39025** (5)

1. Corporation Name
REFRIAIR TRADING CORP.



Principal Place of Business: 7926 N.W. 66TH ST. MIAMI FL 33166 US
Mailing Address: 7926 N.W. 66TH ST. MIAMI FL 33166 US

3. Date Incorporated or Qualified: 09/25/1986
3a. Date of Last Report: 02/03/1995

2. Principal Place of Business: 21 Suite, Apt. #, etc.
22 City & State: 23 Miami - Florida
24 Zip: 25 33135
2a. Mailing Address: 26 42 S.W. 34th Avenue
27 Suite, Apt. #, etc.
28 City & State: 29 Miami - Florida
30 Zip: 31 33135
4. FEI Number: 59-2723971
5. Certificate of Status Desired: X
\$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: ARMELLA, YOLANDA 7926 N.W. 66TH ST. SUITE 305 MIAMI FL 33166
10. Name and Address of New Registered Agent: 81 Name: Armella Yolanda
82 Street Address (P.O. Box Number is Not Acceptable): 42 S.W. 34th Avenue
83
84 City: Miami FL 85 Zip Code: 33135

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: DPT	<input type="checkbox"/> DELETE	1.1 TITLE: DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ARMELLA, HUGO M.		1.2 NAME: Armella Hugo M.	
STREET ADDRESS: 7926 N.W. 66TH ST.		1.3 STREET ADDRESS: 42 S.W. 34th Avenue	
CITY- ST- ZIP: MIAMI FL		1.4 CITY- ST- ZIP: MIAMI, FL. 33135	
TITLE: DV	<input type="checkbox"/> DELETE	2.1 TITLE: DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: YOLANDA, ARMELLA		2.2 NAME: Yolanda Armella	
STREET ADDRESS: 7926 N.W. 66TH ST.		2.3 STREET ADDRESS: 42 S.W. 34th Avenue	
CITY- ST- ZIP: MIAMI FL		2.4 CITY- ST- ZIP: Miami, FL. 33135	
TITLE: _____	<input type="checkbox"/> DELETE	3.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		3.2 NAME: _____	
STREET ADDRESS: _____		3.3 STREET ADDRESS: _____	
CITY- ST- ZIP: _____		3.4 CITY- ST- ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	4.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		4.2 NAME: _____	
STREET ADDRESS: _____		4.3 STREET ADDRESS: _____	
CITY- ST- ZIP: _____		4.4 CITY- ST- ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	5.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		5.2 NAME: _____	
STREET ADDRESS: _____		5.3 STREET ADDRESS: _____	
CITY- ST- ZIP: _____		5.4 CITY- ST- ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6.2 NAME: _____	
STREET ADDRESS: _____		6.3 STREET ADDRESS: _____	
CITY- ST- ZIP: _____		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)(k), 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: *W. S. ...* March 01 1996 (305) 4429728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)