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

Mailing Address

MIAMI FL 33166

5600 NW 84TH AVE

PROFIT CORPORATION ANNUAL REPORT

1999

AIR SYSTEMS DISTRIBUTORS, INC.

1. Corporation Name

Principal Place of Business

5600 NW 84TH AVE

MIAMI FL 33166



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90088 047 ***158.75



						ponor m	711 L 114 1111	JULACE	
						3. Date incorporated or Qualife	d		
2 Principal 6	Place of Business	10. 10. 10.				12/22/1987			
	-iace of busilless	2a. Mailing Address				4. FEI Number	200	4	Applied For.
21 Suito Ant	# 010	26				59-2860432			Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	IX	\$8.75	Additional
22		27				3. Certificate of Status Desireo	NO.		Required
City & Sta	te	City & State				6. Election Campaign Financing	1 ~	\$5.0	May Be
23		28				Trust Fund Contribution	' 🗆		to Fees
Zip	Country	Zip Country				8. This corporation owes the cu	rrent vear in	tangible	
4							□No		
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New	Registered	Agent	
100	SAM DADDY O			81	Name				
LOGAN, BARRY S									
266	5 South Bayshore Dr., Suite	E 901		82 Street Address (P.O. Box Number is Not Acceptable)					
COC	CONUT GROVE FL 33133			83					
							•		
				84	City			85 Zip	Code
44 👨				Щ		<u> </u>	FL	1 1 .	
11. Pursuant office or r	to the provisions of Sections 607.0502	2 and 607.1508, Florida State	utes, the al	bove-	named corpor	ation submits this statement for the	purpose of	changing it	s registered
agent. I a	registered agent, or both, in the State of the familiar with, and accept the obligat	itions of, Section 607.0505, F	autnorized Iorida Statu	ı by th utes.	e corporation	's board of directors. I hereby acce	ept the appoi	intment as r	egistered
SIGNATURE									
	Signature, typed or printed name of registered agent	nt and title if applicable. (NOT	TE Registered	Agent s	ignature required w	hen reinstating)	DATE		
12.	OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR					ORS IN 12
TITLE	PD	☐ DELETE	1.1 TIT	LE		,		Change	Addition
VAME	Pittaluga, John C.		1.2 NA	ME	J			C oago	
STREET ADDRESS	5600 NW 84TH AVE			REET AL	NODE DE				
CITY-ST-ZIP	MIAMI FL								1
TITLE	T	☐ DELETE		Y-ST-Z	<u> </u>				
AME	GONZALEZ, JUAN C		2.1 TIT		ł	•		☐ Change	☐ Addition
STREET ADDRESS	5600 NW 84TH AVE		2.2 NA		-	والمحمدة مجمدة	• - •		
i	··		2.3 STI		DORESS				Í
CITY-ST-ZIP	MIAMI FL		2. 4 CI	TY- \$ T- 2	ZIP	<u></u>			J
TTLE	S	☐ DELETE	3.1 TITI	LE				Change	☐ Addition
AME	LOGAN, BARRY S		3.2 NAJ	ME	1				j
TREET ADDRESS	2665 S BAYSHORE DR		3.3 STF	REET AD	DRESS				
OTY-ST-ZIP	COCONUT GROVE FL 33133			Y-ST-Z		•			ļ
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TREET ADDRESS					PDF00				
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ITLE		☐ DELETE		Y-ST-ZI	P	<u>·</u>			
AME		☐ DELETE	5.1 TITL					Change	☐ Addition
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TREET ADDRESS				EET AD	l l				
ITY-ST-ZIP				Y-ST-ZI	Р	· 	_		1
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AME (6.2 NAM	Æ	[•	=	ſ
TREET ADDRESS			6.3 STR	EET AD	ORESS				ļ
TY-ST-ZIP			6.4 CITY	r-ST-ZIF	.				1
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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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Slock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

305 592 1031 x 103