

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P94000036997 (2)**

1. Corporation Name
ENVAIR CO.

Principal Place of Business
**8540 NW 6TH LN 3103
MIAMI FL 33126**

Mailing Address
**8540 NW 6TH LN 3103
APT 103
MIAMI FL 33126-6834
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/17/1994		3a. Date of Last Report 02/28/1996	
21	22	26	27	4. FEI Number 65-0499193		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
23	24	28	29	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
Zip	Country	Zip	Country				

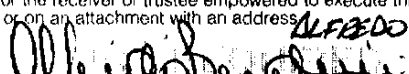
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GONAS, ROY B 890 S DIXIE HWY CORAL GABLES FL 33146				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			

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	P	☐ DELETE		1.1 TITLE	☒ Change	☐ Addition	
NAME	MOBILA, ALBERTO			1.2 NAME	MOBILIA, ALBERTO		
STREET ADDRESS	EMILIO ZOLA 1224, 1653 VILLA BALLESTER			1.3 STREET ADDRESS			
CITY - ST - ZIP	BUENOS AIRES AR			1.4 CITY - ST - ZIP			
TITLE	VP	☐ DELETE		2.1 TITLE	☐ Change	☐ Addition	
NAME	DE MOBILIA, AURELIA			2.2 NAME			
STREET ADDRESS	EMILIO ZOLA 1224, 1653 VILLA BALLESTER			2.3 STREET ADDRESS			
CITY - ST - ZIP	BUENOS AIRES AR			2.4 CITY - ST - ZIP			
TITLE	D	☐ DELETE		3.1 TITLE	☐ Change	☐ Addition	
NAME	ANSALDO, ALFIO G			3.2 NAME			
STREET ADDRESS	8540 NW 6TH LN #103			3.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33126			3.4 CITY - ST - ZIP			
TITLE	D	☐ DELETE		4.1 TITLE	☐ Change	☐ Addition	
NAME	BERDINI, ALFREDO			4.2 NAME			
STREET ADDRESS	8540 NW 6TH LN #103			4.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33126			4.4 CITY - ST - ZIP			
TITLE	D	☐ DELETE		5.1 TITLE	☐ Change	☐ Addition	
NAME	BERDINI, GUSTAVO			5.2 NAME			
STREET ADDRESS	8540 NW 6TH LN #103			5.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33126			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change	☐ 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 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.

SIGNATURE:  **ALFREDO BERDINI** 4-29-97 718-489-0939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)