

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000079124 (0)

1. Corporation Name  
**CLIMATROL, INC.**



Principal Place of Business: 5600 SOUTHWEST 135 AVENUE, SUITE 202-A MIAMI FL 33183  
Mailing Address: 5600 SOUTHWEST 135 AVENUE, SUITE 202-A MIAMI FL 33183

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/16/1995		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0612325		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134				81	Name CHEYLENE ARTILES		
				82	Street Address (P.O. Box Number is Not Acceptable) 5600 S.W. 135 AVENUE		
				83	SUITE 202-A		
				84	City MIAMI	85	Zip Code 33183

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: *Cheylene C. Artiles* DATE: 1-17-96  
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PSD <input type="checkbox"/> DELETE
NAME	ARTILES, JUAN CARLOS
STREET ADDRESS	5600 SOUTHWEST 135 AVENUE, SUITE 202-A
CITY-STATE-ZIP	MIAMI FL 33183
TITLE	VTD <input type="checkbox"/> DELETE
NAME	GOMEZ, RAMON
STREET ADDRESS	5600 SOUTHWEST 135 AVENUE, SUITE 202-A
CITY-STATE-ZIP	MIAMI FL 33183
TITLE	SECRETARY <input type="checkbox"/> DELETE
NAME	CHEYLENE ARTILES
STREET ADDRESS	5600 SW 135 AVENUE SUITE 202-A
CITY-STATE-ZIP	MIAMI FL 33183
TITLE	TREASURER <input type="checkbox"/> DELETE
NAME	MARIA GONZALEZ
STREET ADDRESS	5600 SW 135 AVENUE SUITE 202-A
CITY-STATE-ZIP	MIAMI FL 33183
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CHEYLENE ARTILES
3.3 STREET ADDRESS	5600 SW 135 AVENUE SUITE 202-A
3.4 CITY-STATE-ZIP	MIAMI FL 33183
4.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARIA GONZALEZ
4.3 STREET ADDRESS	5600 SW 135 AVENUE SUITE 202-A
4.4 CITY-STATE-ZIP	MIAMI FL 33183
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: *Juan C. Artiles* DATE: 1-17-96 (305) 380-8474  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (12/95)