

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

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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33183-5182
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2. Principal Place of Business 21 12266 SW 130 St Suite, Apt. #, etc.	2a. Mailing Address 26 12266 SW 130 St Suite, Apt. #, etc.
22 City & State 23 Miami FL	27 City & State 28 Miami FL
24 Zip 33186 Country Dade	29 Zip 33186 Country Dade

3. Date Incorporated or Qualified 10/16/1995	3a. Date of Last Report 01/29/1996
4. FEI Number 55-0621232	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHEYLENE ARTILES 5600 S.W. 135 AVENUE SUITE 202-A MIAMI FL 33183	10. Name and Address of New Registered Agent 81 Name Cheylene Artiles 82 Street Address (P.O. Box Number is Not Acceptable) 12266 SW 130 St 83 84 City Miami FL 85 Zip Code 33186
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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 NAME STREET ADDRESS CITY - ST - ZIP	PSD ARTILES, JUAN CARLOS 5600 SOUTHWEST 135 AVENUE, SUITE 202-A MIAMI FL 33183 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12266 SW 130 St Miami FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD GOMEZ, RAMON 5600 SOUTHWEST 135 AVENUE, SUITE 202-A MIAMI FL 33183 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VTD Cheylene Artiles 12266 SW 130 St Miami FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HEYLENE ARTILES 5600 S.W. 135 AVE., SUITE 202-A MIAMI FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary Jesus Rodriguez 12266 SW 130 St Miami FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARIA GONZALEZ 5600 S.W. 135 AVENUE, SUITE 202-A MIAMI FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T Maria Gonzalez 12266 SW 130 St Miami, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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* **3-19-97** **305-235-4244**
Date Daytime Phone #

CR2E034 (9/96)