FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90201 045 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000061739

1. Corporation Name

REDIAIR INTERNATIONAL, INC.

			_			
Principal Place of Business	Mailing Address			T (BBICDOL (ID IBII) (ABU) BBICI BBILL BBICE BI	18 (II 8 II	
18021 BISCAYNE BLVD APT 704 NORTH MIAMI BEACH FL 33160	18021 BISCAYNE BLVD APT 704 NORTH MIAMI BEACH FL 33160			DO NOT WRITE IN THIS S	PACE	
				3. Date Incorporated or Qualifed 07/16/1997		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21	26			65-0768541	丄	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	75 Additional e Required
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip Country	Zip Co	untry		8. This corporation owes the current year Intar	_	
24 25	29 30			7 9 10 0 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes	No
9. Name and Address of	Current Registered Agent			10. Name and Address of New Registered A	gent	
BLANCO, LUIS A		81	Name			
18021 BISCAYNE BLVD		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
APT 704 North Miami Beach Fl 3316	60	83				
		84	City	FL	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	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	Change Additio
NAME	BRAZZAROLA, MIGUEL	1.2 NAME	,
STREET ADDRESS	18021 BISCAYNE BLVD, #704	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	1.4 CITY-ST-ZIP	·
TITLE	☐ DELETÉ	2.1 TITLE	☐ Change ☐ Additio
NAME		2.2 NAME	~ · · · · · · · · · · · · · · · · · · ·
STREET ADDRESS		2.3 STREET ADDRESS	•
CITY-ST-ZIP		2.4 CiTY-ST-ZIP	
TRLE	☐ DELETE	3.1 TITLE	. Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Additio
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 YTTLE	Change Additio
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	· Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	·
CITY OF THE		6.4 CITY-ST-ZIP	

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 or the receiver or trustee embowered 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, with all other like empowered.

SIGNATURE: 🗸

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-05-99

305-443-9695