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CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V07663**

(0)

1. Corporation Name

**GAGNON INDUSTRIES, INC.**

Principal Place of Business

Mailing Address

**ALL CLEAN ICE  
14735 NW 24TH CT  
MIAMI FL 33054  
US**

**2354 NW 110TH TERRACE  
SUNRISE FL 33322-2547  
US**

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                             |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>01/21/1992</b>                                                                                                      | 3a. Date of Last Report<br><b>03/10/1994</b> |
| 4. FEI Number<br><b>65-0308469</b>                                                                                                                          | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                             | <b>\$5.00</b> 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 |                                              |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Country             |
| 24. Country                    | 29. Zip                 |
| 25. Country                    | 30. Zip                 |

9. Name and Address of Current Registered Agent

**FILINGS INC  
3732 NW 16TH STREET  
FT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

**DENIS GAGNON  
2354 NW 110 TERR  
SUNRISE FL 33322-2547**

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: *Denis Gagnon* **DENIS GAGNON** **3-23-5**  
(Signature typed or printed name of registered agent and the corporation) (NOTE: Registered Agent signature required when reappointed) DATE

12. OFFICERS AND DIRECTORS

|                |                              |
|----------------|------------------------------|
| TITLE          | <b>P</b>                     |
| NAME           | <b>GAGNON, DENIS</b>         |
| STREET ADDRESS | <b>2354 NW 110TH TERRACE</b> |
| CITY, ST, ZIP  | <b>SUNRISE FL</b>            |
| TITLE          | <b>VP</b>                    |
| NAME           | <b>GAGNON, CHERYL</b>        |
| STREET ADDRESS | <b>2354 NW 110 TERRACE</b>   |
| CITY, ST, ZIP  | <b>SUNRISE FL</b>            |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY, ST, ZIP  |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY, ST, ZIP  |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY, ST, ZIP  |                              |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS |                                                                   |
| 14 CITY, ST, ZIP  |                                                                   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                   |
| 23 STREET ADDRESS |                                                                   |
| 24 CITY, ST, ZIP  |                                                                   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                                                                   |
| 33 STREET ADDRESS |                                                                   |
| 34 CITY, ST, ZIP  |                                                                   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                                                                   |
| 43 STREET ADDRESS |                                                                   |
| 44 CITY, ST, ZIP  |                                                                   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |                                                                   |
| 53 STREET ADDRESS |                                                                   |
| 54 CITY, ST, ZIP  |                                                                   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |                                                                   |
| 63 STREET ADDRESS |                                                                   |
| 64 CITY, ST, ZIP  |                                                                   |

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**3/29/95** *WST*

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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. I am an officer or director of the corporation or the person, 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: *Denis Gagnon* **3-12-5** **3056887733**  
(Signature typed or printed name of signing officer or director) DATE DAYTIME PHONE #