

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra S. Mertham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 02 1998 8:00am
Secretary of State

DOCUMENT # P96000066864

N/C
1-20-98

Air Max S.A., Inc.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/12/96

Principal Place of Business: 6844 NW 75th Street, Medley, FL 33166
Mailing Address: 6844 NW 75th Street, Medley, FL 33166

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	65-0698596	Not Applicable
City & State	City & State	6. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Zip	8. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Country	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: Carlos Novo
	82 Street Address (PO. Box Number is Not Acceptable): 6844 NW 75th Street
	84 City: Medley, FL 88 Zip Code: 33166

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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]* DATE: 5/15/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Carlos Padilla		1.2 NAME	
STREET ADDRESS: 6844 NW 75th Street		1.3 STREET ADDRESS	
CITY-ST-ZIP: Medley, FL 33166		1.4 CITY-ST-ZIP	
TITLE: DVP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Carlos Novo		2.2 NAME	
STREET ADDRESS: 6844 NW 75th Street		2.3 STREET ADDRESS	600002550916
CITY-ST-ZIP: Medley, FL 33166		2.4 CITY-ST-ZIP	00700700 01041 000
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME	***150.00
STREET ADDRESS:		3.3 STREET ADDRESS	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

14. I hereby certify that the information reported with this form does not qualify for the exemption stated in Section 119.07(3)(a) Florida Statutes. I further certify that the information reported in this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath, and I am an officer or director of the corporation or the receiver or trustee authorized 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 in an attachment with this return.

SIGNATURE: *[Signature]* DATE: 5/29/98