

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000099287	
1. Entity Name INTERNATIONAL AIR EXPRESS CORP.	

Principal Place of Business 6951 NW 82 AVE MIAMI, FL 33166 US	Mailing Address 6951 NW 82 AVE MIAMI, FL 33166 US
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DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0714362	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GIL, LUIS A 6951 NW 82 AVE MIAMI, FL 33166	
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U000000343113 04/29/05-80080-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GILLUIS, A 6951 NW 82 AVE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GIL, RICARDO A 6951 NW 82 AVE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VARGAS, RAUL E 6951 NW 82 AVE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Luis Gil*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____