FILED Apr 30, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000014391

PARIS AIR, INC.

Principal Place	e of Business	Mai	iling Address								96ill 19					
1995 39TH AVE			5 39TH AVE.													
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VERO BCH. FL	32960		O BCH. FL 32960							DO NO	TWRI	TE IN T	HIS SP	ACE		
US		US					3	•	ncorporat	ed or Qu	alifed					
									<u>3/1997</u>							
2. Principal Pl	lace of Business	2a.	Mailing Address				4	4. FEI N						$\rightarrow$		ed For
21		26		_				<u>59-3</u>	<u>426486</u>							Applicable
Suite, Apt.	#, etc.	$\vdash$	Suite, Apt. #, etc.					5: Certif	cate of Sta	tus Des	ired		;			ditional
22	<u> </u>	_ 27					-	• • •	<del></del>						Requ	
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23		28	7:-	C=:					Fund Con						d to	rees
Zip	Country	<del> </del>	Zip		ıntry		1		orporation		ie cum	ent yea		ible Yes	Γ-	]No
24	25 S. N	29	and Avent	30			41		nal Proper and Add		Now E	Ponieto				1140
	9. Name and Address of Currer	nt Regist	erea Agent		81	Name		U. Maile	and Aud	iless or	HEN I	togiste	ieu Age	,,,,		
PARI	is G. Christodoulides					Hame	_									
	39TH AVE., STE C				82	Street	Address	(P.O. Bo	x Number	is Not A	ccepta	ible)				
	O BCH. FL 32960				83											
V	o dorn i E deddo				63			•								
					84	City				-			FL	35 Z	ip Co	de
44 Bumuent	to the provisions of Sections 607.050	12 and 60	7 1508 Florida Statu	tee the s	hove	-named	corporati	on subm	its this sta	tement 1	for the			nging	its re	nistered
office or re	egistered agent, or both, in the State	of Florida	a. Such change was a	authorize	d by t	the corpo	oration's l	board of	directors.	l hereby	accep	the a	ppointm	ent as	regis	stered
agent, I ar	m familiar with, and accept the obliga	ations of.	Section 607 0505 Fk	orida Stat	tutes.											
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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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP