

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S14001 (9)**

1. Corporation Name
AIR MARINE AGENCIES, INC.



Principal Place of Business: **3611 NW SOUTH RIVER DR MIAMI FL 33142**
Mailing Address: **P.O. BOX 14-3131 CORAL GABLES FL 33114 US**

3. Date Incorporated or Qualified: **11/21/1990**
3a. Date of Last Report: **05/19/1995**
4. FEI Number: **65-0233717**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**SAENZ, CARLOS A
3611 N.W. SOUTH RIVER DRIVE
MIAMI FL 33142**

10. Name and Address of New Registered Agent
81 Name: []
82 Street Address (P.O. Box Number is Not Acceptable): []
83 []
84 City: []
85 Zip Code: **FL** []

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 (a separate line for each) Printed Name of Agent (signature required when possible) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DP	
NAME	SAENZ, CARLOS	
STREET ADDRESS	3611 N.W. SOUTH RIVER DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	
NAME	SAENZ, PATRICIA ANN	
STREET ADDRESS	3611 N.W. SOUTH RIVER DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	
NAME	SAENZ, HUGH JAMES	
STREET ADDRESS	3611 N.W. SOUTH RIVER DR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Carlos A. Saenz*
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
CARLOS A. SAENZ, President

02-20-96 (305) 633-8709
DATE DATE/PHONE #

CR2E034 (12/95)