FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 21 PM 2:41

DOCUMENT # 479112 (5)

1. Corporation Name
IAL AIR SERVICE, INC.

Principal Place of Business	Mailing Address
950 S.E. 12TH ST. HIALEAH FL 33010-5901	950 S.E. 12TH ST. HIALEAH FL 33010-5901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/09/1975	3a. Date of Last Report: 08/10/1994
4. FEI Number: 59-1615112	☐ Applied For ☐ Not Applicable
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	

21 2. Principal Place of Business	22 Suite, Apt. #, etc.	23 City & State	24 Zip	25 Country

26 2a. Mailing Address	27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country

9. Name and Address of Current Registered Agent

FINAZZO, NICOLAS
950 SE 12TH ST
HIALEAH FL 33010

10. Name and Address of New Registered Agent

31 Name	
32 Street Address (P.O. Box Number is Not Acceptable)	
33	
34 City	FL 35 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC	1.1 TITLE	☐ Change ☐ Addition
NAME	BATCHELOR,GEORGE E.	1.2 NAME	MARIANNE T. BATCHELOR
STREET ADDRESS	950 S.E. 12TH ST.	1.3 STREET ADDRESS	950 SE. 12TH ST.
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	HIALEAH, FL. 33010
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	BATCHELOR, ANNE O	2.2 NAME	VAS NICOLAS FINAZZO
STREET ADDRESS	950 SE 12 STR	2.3 STREET ADDRESS	950 SE. 12TH ST.
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	HIALEAH, FL. 33010
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	HIGGINS, JOHN	3.2 NAME	RAYMOND S. WAIKER
STREET ADDRESS	950 S.E. 12TH ST.	3.3 STREET ADDRESS	950 SE. 12TH ST.
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	HIALEAH, FL. 33010
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	MESECHER, BOYD	4.2 NAME	AS Humphrey Dawson
STREET ADDRESS	950 S.E. 12TH ST.	4.3 STREET ADDRESS	950 SE 12 ST.
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP	HIALEAH, FL 33010
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: Anne O Batchelor 2-7-95 (305) 889-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ANNE O. BATCHELOR - SECRETARY

0078060 CP