FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K73276

AIR -1- BOUQUET CORPORATION

(3)

Mailing Address

FILED Feb 06 1997 8:00am Secretary of State



ANTONIO J. PII 13167 SW 15TH MIAMI FL 33184	1 LANE	ANTONIO J. PINEROS 13167 SW 15TH LANE MIAMI FL 33184-2005							
						ate of Last Report 05/1996			
Principal Place of Business 21		28. Mailing Address 26		4. FEI Number 65-0109841		Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & State	 		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	Country 25		Countr 30	у	This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Curr	ent Registered Agent		T	10. Name and Address of New Reg	platered Ag	jent		
	ROS, ANTONIO J.		81	Name					
13167 SW 15TH LANE MIAMI FL 33184					dress (P.O. Box Number is Not Acceptable	le)	,		
			8:	3	·				
			84	City		FL	65 Zip (Code	
agent. I ar SIGNATURE	m familiar with, and accept the obl	igations of, Section 607.0505, Flo	rida Statute	9 \$.	poration submits this statement for the pration's board of directors. I hereby accep		ntment as	s registered registered	
	Signature, typed or printed name of registered a	agent and title if applicable INOTE ND DIRECTORS	Registered A	jent signature requ	ulrad when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDG AND I	HECTOR	C IN 12	
12.	PD	DELETE	1.1 TITLE	1	ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	PINEROS, ANTONIO J.		1.2 NAME	İ		•			
STREET ADDRESS	13167 SW 15TH LANE			T ADDRESS					
CITY-ST-ZIP	MIAMI FL		1.4 CITY-		₩				
TITLE	DELETE		2.1 TITLE				Change	Addition	
NAME			2.2 NAME					,	
STREET ADDRESS			2.3 STREE	T ADDRESS					
DITY - ST - ZIP			2. 4 CITY+ST+ZIP						
TITLE		☐ DELETE	3.1 TITLE			L.	Change	Addition	
NAME			3.2 NAME	1					
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP TITLE		DELETE	3.4. CITY 4.1 TITLE			T	Change	Addition	
NAME			4. 2 NAM	ŀ		•			
STREET ADDRESS				T ADDRESS					
Crty - St - ZIP			4.4 CiTY-						
TITLE		☐ DELETE	5.1 TITLE		,		Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRESS	1				
CITY-S1-ZIP			5.4 CITY-	ST-ZIP					
TITLE	DELETE		6.1 TITLE		<i>y</i> *		Change	Addition	
NAVE			6.2 NAME					•	
STREET ADDRESS			63 STRE	ET ADDRESS					
CITY-ST-ZIP			64 CITY	ST-ZIP					

14. If do 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 Bloc

SIGNATURE:

E OF BISHING OFFICER OR DIRECTOR CHECK # 2636 NATURE MALE DILOG OF DAYLING PROPERTY # 16500