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

**PROFIT** CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # L66495** 

AIR USA INC. Principal Place of Business Mailing Address C/O SHMOUEL MOSHE 4715 JACKSON STREET C/O SHMOUEL MOSHE 4715 JACKSON STREET HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-7225 3. Date Incorporated or Qualified 04/16/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0190506 21 26 Suite Apt. # etc. Suite, Apt #, etc.

Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State **\$5.00** May Be Election Campaign Financing Trust Fund Contribution Added to Fees 28 210 Country Country This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No Florida Statutes 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MOSHE, SHMOUEL 81 **4715 JACKSON STREET** 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33021 83

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 if an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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City

SIGNATURE	Styria are type it or printed name of registered agent and the if applicable. (NOTE: I	Registered Agent signature re	required when reinslating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
गा।ह	D DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOSHE, SHMOUEL	1.2 NAME	
STREET ADDRESS	4715 JACKSON ST.	1.3 STREET ADDRESS	
CITY-SE-ZIP	HOLLYWOOD FL	14 CITY ST-ZIP	
Tili,E	DELETE	21 TITLE	Change Addition
NAME		22 NAME	
STHEET ADDRESS		23 STREET ADDRESS	<i></i>
CITY-ST-7P		2.4 CiTY-ST-ZIP	
11FLF	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST ZIF		3.4. CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADORESS	•	4.3 STREET ADDRESS	
CHY-ST ZIP		4.4 CITY-S1-ZiP	
TITLE	DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CHY-ST-7IP		5.4 CITY - ST - ZIP	
TITLE	DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6 3 STREET ADORESS	
C15Y+S1+7/P	cut for the information a method with this filling does not confid	64 CITY-ST-ZIP	

I 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 Block

**FILED** 

Apr 10 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

Zip Code

85

02/23/1996