2000 UNIFORM BUSINESS REPORT (UBR)

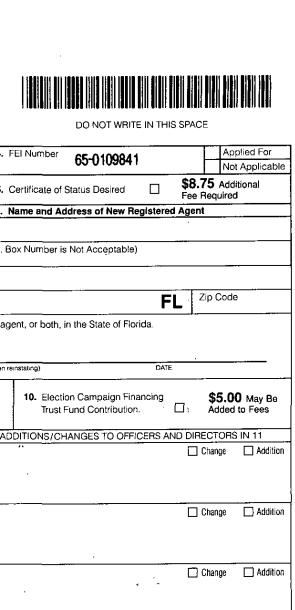
3. Mailing Address

DOCUMENT # K73276 AIR -1- BOUQUET CORPORATION Mailing Address Principal Place of Business 10965 N.W. 62 TERRACE 109 N.W. 62 TERRACE MIAMI FL 33178-2850 MIAMI FL 33178

2. Principal Place of Business

FILED May 17, 2000 8:00 am Secretary of State

05-17-2000 90901 042 ***150.00



		İ]	1 10619111 611 19999 11114 11811 19819 6	111 81811 81811	31311 21211 0101		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State		4. F	El Number 65-0109841			plied For	
							_	t Applicable		
Zip Country			Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current Re	gistered Agent		7. N	lame and Address of New Reg	jistered A	jent		
PINEROS, ANTONIO J. 10965 N.W. 62 TERRACE					Name Street Address (P.O. Box Number is Not Acceptable)					
MAIM	/II FL 33178	}								
					ity FL Zip Code					
8. The above	named entity	submits this statement for the	ne purpose of changing its r	egistered office or reg	gistered age	ent, or both, in the State of Flori	da.			
SIGNATURE _								,		
Oldin Tone	Signature, typed o	or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signature re	equired when re	instating)	DATE			
Tax filing n		ble to satisfy its Intangible nd elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St			10. Election Campaign Final Trust Fund Contribution.			O May Be to Fees	
11.		OFFICERS AND DIE	RECTORS	12.	ADI	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTORS	3 IN 11	
TITLE	PD	***	☐ Delete	TITLE			_	☐ Change	☐ Addition	
NAME	PINEROS,	, antonio J.	4.00	NAME						
STREET ADDRESS	10965 N.V	N. 62 TERRACE		STREET ADDRESS		•				
CITY-ST-ZIP	MIAMI FL	33178		CITY-ST-ZIP						
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition	
NAME				NAME						
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP						
TITLE			☐ Delete	TITLE				Change	☐ Addition	
NAME				NAME			~		Ì	
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP						
TITLE		****	☐ Delete	TITLE				☐ Change	☐ Addition	
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CITY-ST-ZIP				CITY-ST-ZIP						
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition	
NAME				NAME						
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP				<u> </u>		
TITLÉ			☐ Delete	TITLE	-			☐ Change	☐ Addition	
NAME				NAME						
STREET ADDRESS				STREET ADORESS						
CITY-ST-ZIP				CITY-ST-ZIP						
13. I hereby of indicated	ertify that the	e information supplied with the	is filing does not qualify for ue and accurate and that m	the exemption stated y signature shall have	I in Section : e the same I	119.07(3)(i), Florida Statutes. I f legal effect as if made under oa	urther certi	fy that the in	nformation or director	

of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR