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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 256235

(3)

FLORIDA-AIR MFG. CORP.

FILED Apr 14 1997 8:00am Secretary of State

Principal Place C/O 7690 SW P.O. BOX 560	133 ST	Mailing Address C/O 7690 SW 133 ST P.O. BOX 560785		** <u>***********************************</u>		
MIAMI FL 3325		MIAMI FL 33256-0755			3. Date Incorporated or Qualified 02/22/1962	3a. Date of Last Report 04/18/1996
_	lace of Business	2a. Mailing Address		·	4. FEI Number	Applied For
Sulte, Apt.	# oto	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	59-1195024	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	8	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Cou	hlry	8. This corporation has liability for it	
24	25	29	30		.1	Yes No
=	9. Name and Address of Cur	ent Hegisteren Agent	·	81 Name	10. Name and Address of New Reg	pistered Agent
	ANUEL, JOSEPH			Name		
	3 \$ DIXIE HWY TE 208			82 Street Addre	ess (P.O. Box Number is Not Acceptable	le)
	MI FL 33143			83		
	WW 1 E 901 10			B4 City		lee   Zin Chala
				B4 City		FL 85 Zip Code
11. Pursuant t office or re agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob	502 and 607.1508, Florida Statu ate of Florida. Such change was ligations of, Section 607.0505, Fl	tes, the at authorize orida Stat	pove-named corporati by the corporati utes.	oration submits this statement for the poon's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered
SIGNATURE						
12,	Signature, typed or printed name of registered OFFICERS.	AND DIRECTORS	L: Registered	Agent signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND DIRECTORS IN 12
TITLE	DST	DELETE	1.1 10	LE T	ADDITIONO/OF INTOCCO TO OF TOO	Change Addition
NAME	MARZLEY,H M		1.2 N/	1		
STREET ADDRESS	7690 SW 133RD ST		1.3 \$1	REET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4		IY-ST-ZIP		
TITLE	D	☐ DELFTÉ	2.1 10	LE		Change Addition
NAME	CRAWFORD, JAY K		2.2 NA	ME		
STREET ADDRESS	7690 SW 133RD ST		•	ree1 audress		
CITY-ST-ZIP	MIAMI FL			1Y-S1-7/P		
TITLE NAME		DELETE	3.1 TH 3.2 NA			Change Addition
STREET ADDRESS				ME REET ADDRESS		
CITY-ST-ZIP				TY- \$T-2II <sup>1</sup>		
TITLE		DELETE	4.1 111			Change Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4 3 ST	REEL ADDRESS		
CITY-ST-ZIP			4.4 Ci	Y - S1 - ZIP		
TITLE		DELETE	5.1 TI	LE		☐ Change ☐ Addition
NAME			5.2 NA			
STREET ADDRESS			1	REET ADDRESS		
CITY-ST-ZIP		DELETE		Y-S1-ZIP		Change Addition
TITLE NAME			6.1 1/1 6.2 NA			El cuande El waaltali
STREET ADDRESS			6.2 NA 6.3 S1	ME REEL ADORESS		

14. 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 eath; 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 18 if ghanged, or on an attachment with an address.

4-08-97

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