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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 343916 (3)
1. Corporation Name
AIR SALES INC



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2445 NW 39TH AVE P.O. BOX 533201 MIAMI FL 33159		Mailing Address 2445 NW 39TH AVE P.O. BOX 533201 MIAMI FL 33159	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent MACKEY, KEITH 2445 N.W. 39TH AVENUE MIAMI FL 33142		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Director
NAME	MACKEY, KEITH	1.2 NAME	Mackey, Keith
STREET ADDRESS	2445 NW 39 AVE	1.3 STREET ADDRESS	2445 NW 39 Ave
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami Fla 33142
TITLE	S	2.1 TITLE	President
NAME	ROZA, LESLIE A.	2.2 NAME	Roza, Leslie A.
STREET ADDRESS	2445 NW 39 AVE	2.3 STREET ADDRESS	2445 NW 39 Ave
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Fla 33142
TITLE		3.1 TITLE	Sec/Treas.
NAME		3.2 NAME	Bilbao, Patricia
STREET ADDRESS		3.3 STREET ADDRESS	2445 NW 39 Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, Fla 33142
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Keith Mackey

305-871-3084

CR2E034 (10/97)