

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90057 031 ***150.00

DOCUMENT # 343916

1. Corporation Name
AIR SALES INC



Principal Place of Business

2445 NW 39TH AVE
P.O. BOX 593201
MIAMI FL 33159

Mailing Address

2445 NW 39TH AVE
P.O. BOX 593201
MIAMI FL 33159

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1969

4. FEI Number

59-1556265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3921 NW 26 St

22 Miami Florida

23 33142 USA

24 Zip Country

25

2a. Mailing Address

26 3921 NW 26 St

27 Miami Florida

28 33142 USA

29 Zip Country

30

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)

3921 NW 26 St

83 Miami FL

84 City

FL

85 Zip Code

33142

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
MACKEY, KEITH
STREET ADDRESS
2445 NW 39 AVE
CITY-ST-ZIP
MIAMI FL 33142

TITLE ☐ DELETE

NAME
P
ROZA, LESLIE A.
STREET ADDRESS
2445 NW 39 AVE
CITY-ST-ZIP
MIAMI FL 33142

TITLE ☐ DELETE

NAME
ST
BELBAO, PATRICIA
STREET ADDRESS
2445 NW 39TH AVE
CITY-ST-ZIP
MIAMI FL 33142

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

7/15/99

Date

305-871-3084

Daytime Phone #

CR2E034 (1/1/98)