FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 17 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **391201** **(1)**

1. Corporation Name
INTERAIR PARTS-MIAMI, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
950 SE 12TH STREET HIALEAH FL 33010	950 SE 12TH STREET HIALEAH FL 33010

3. Date Incorporated or Qualified: **11/11/1971**
3a. Date of Last Report: **08/10/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-1364606** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FINAZZO, NICOLAS
950 SE 12TH STREET
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 95	
TITLE	PCD	1.1 TITLE	D ☐ Change ☒ Addition
NAME	BATCHELOR, GEORGE E.	1.2 NAME	BATCHELOR, MARIANNE
STREET ADDRESS	950 SE 12TH STREET	1.3 STREET ADDRESS	950 SE. 12 ST.
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	HIALEAH, FL. 33010
TITLE	T	2.1 TITLE	V ☐ Change ☒ Addition
NAME	HIGGINS, JOHN	2.2 NAME	WALKER, RAYMOND S.
STREET ADDRESS	950 SE 12TH ST	2.3 STREET ADDRESS	950 SE. 12 ST.
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	HIALEAH, FL. 33010
TITLE	DS	3.1 TITLE	V ☐ Change ☒ Addition
NAME	BATCHELOR, ANNE, O	3.2 NAME	FINAZZO, NICOLAS
STREET ADDRESS	950 SE 12TH ST	3.3 STREET ADDRESS	950 SE 12 ST
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	HIALEAH, FL. 33010
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	DAWSON, HUMPHREY	4.2 NAME	
STREET ADDRESS	950 SE 12TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	MESECHER, BOYD, D	5.2 NAME	
STREET ADDRESS	950 SE 12TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: A.O. Batchelor SECRETARY 3/31/95 (305) 887-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ANNE O. BATCHELOR

607001 CP