FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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SIGNATURE;

DOCUN 1. Corporation		4708	398	(8)							
	AH AIR, IN	C.									
Principal Place	of Business		Mailing Add	ess							
7900 W. 25TH AVENUE 7900 W. 25TH AVENUE HIALEAH FL 33016 HIALEAH FL 33016											
								3. Date Incorporated or Qualified 01/22/1975		of Last R	
2. Principal Place of Business			2a. Mailing A	2a. Mailing Address				4. FEI Number		orani openilope	Applied For
21 Suite Act #				26							Not Applicable
Suite, Apt. #, etc.			27 Suite, A)	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional Required
City & State	City & State			City & State				Election Campaign Financing Trust Fund Contribution			O May Be
7(p)	—			Zip Cour				8. This corporation has liability for intangible to			
24	9. Name and	d Address of Cur	29 rrent Registered Ag	ent	30			Florida Statutes		Agent	
					8	1 Name	,	refilieren it en			
	U, JUAN				8	2 Stree	t Addres	SS (P.O. Box Number is Not Accept	able)		
881 3E 37 STR Hialeah Fl 33013											
HINLLA	411 L 550 IS					4 City					. 0. 1.
						1 - '			FL		p Code
or registere	ed agent, or bot	 in the State of F 	lorida. Such change v	was authorize	s, the above d by the cor	riamed o	corporat s board	ion submits this statement for the p of directors. Thereby accept the ap	urpose of cha	nging its r	registered office Lagent. Larn
familiar with	i, and accept th	ne obligations of, S	Section 607.0505, Flo	rida Statutes.				, , ,		Ĭ	Ť
SIGNATURE s	Signature, typed or pr	infed name of registered a	agent and blie if applicable	1040	€ Fegistered Ag	rot signature	re-pured v	their reinstatings	DATE		
12.	DD	OFFICERS	AND DIRECTORS	DELETE.	13.		.1	ADDITIONS/CHANGES TO OF			
THTLE NAME	PD DALMALI	JUAN	نا	DELETE	1. 1 TiTu 1.2 NAM				L	Change	Addition
STREET ADDRESS	DALMAU, JUAN 881 E 37 STR			1.3							
CITY-ST-ZIP	HIALEAH				1.4 CITY						
TITLE				DELETE	2 1 111.	ŧ	1			Charige	Addition
NAME					2.2 NAMI	ŧ					
STREET ADDRESS					23 STRE	et address					
City-St-ZiP Title				DELETE	2.4 CITY 3.1 TITi	• • • •				☐ Change	☐ Addition
NAMÉ				DELCTE.	3 2 NAM				L	_ Change	Addition
STREET ADDRESS					1	ELLACORESS	;				
City - St - ZiP					3.4 CITY						
TITLE				DELETE	4. 1 TBU	ŧ				Change	Add-tion
NAME					4.2 NAM	E					
STREET ADDRESS					4.3 STRE	ET ADDRESS					
CITY-ST-ZIP				DELETA:	4.4 CITY					7.0	
TITLE			Ĺ	DELETE	5 1 1111				L	Change	Add tion
NAME STREET ADDRESS				1	5.2 NAM:	E Et address					
CITY-ST-ZIP				**	5.4 CITY						
TITLE			<u>-</u>	DELETE	6 1 TITI				Г	Charige	Add tion
NAME			.		6.2 NAM				_	_ ~	_
STREET ADDRESS					63 STRE	ET ADDRESS					
CITY-ST-ZIP			<u> </u>		6.4 CITY		[
certify that oath; that I	the information am an officer of	information supplicated on this a or director of the poor ook 13 if changes	ed with this fing is vo gamea! report of suppl prioration or the rece or on an attachment	emental annu ver or trustec	ial report is t empowered	es not qui true and a dito execu	uality for occurate ute this i	the exemption stated in Section 11 and that my signature shall have the report as required by Chapter 607,	9.07(3)(k), Flo ie same legal Florida Statute	rida Statut effect as if es; and the	tes. I further f made under at my name

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3-22-46 (305)821-0461