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

**PROFIT** CORPORATION ANNUAL REPORT

SIGNATURE: 1



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

DOCUMENT # 501321 1. Corporation Name MACAIR, INC.  Principal Place of Business 1943 N.W. 97 AVENUE MIAMI FL 33172  MACAIR, INC.  Mailing Address 1943 N.W. 97 AVENUE MIAMI FL 33172-2305										
						3. Date Incorporated or Qu 04/15/1976	ualified		e of Last F	leport
2. Principal P	ace of Business	2a. Maili	2a. Mailing Address			4. FEI Number		02/12/1996 Applied For		
21]		26				59-1663483			<del></del>	of Applicable
Suite, Apt 22	#, <b>e</b> lc	Suite 27	e, Apt. #, etc.			5. Certificate of Status Desi	ired			Additional equired
City & State	}	City	& State	78.		6. Election Campaign Finar	ncing	<u> </u>	\$5.00	May Be
2 <b>3</b> Zip	Country	<b>28</b>	······································	Country	<u></u>	Trust Fund Contribution  8. This corporation has liab	ollity for in	tangible t		to Fees . 199.032,
24]	25	29		30	<del></del>	Florida Statutes		Yes 🗀	No	
	9. Name and Address of Cur	rent Registered	Agent	81	Name	10. Name and Address of i	New Reg	istered A	gent	
	XONALD, ARNOLD, JR. 3 N.W. 97 AVENUE					(0.0 D. )				
	MI FL 33172			82	Street Add	ress (P.O. Box Number is Not A	cceptable	e) 		
				83						
				1224					<b>85</b> Zip	Code
11 Purseant	o the provisions of Sections 607.0	0502 and 607 15	i08 Florida Statul	les the above	City	poration submits this statement	for the ou	FL roose of	changing i	ts registered
SIGNATURE	o the provisions of Sections 607.6 ogistered agent, or both, in the St in familiar with, and accept the ob- Signatur, bysector protect name of registered	agent and title I appli	icable. (NOI	les, the above authorized by orida Statutes IE Registered Age	e-named corpora	ited when reinstating)		the appo		
SIGNATURE	Signature, typed or product name of registered OFFICERS 2		icable (NOI	les, the above authorized by orida Statutes (E. Registered Age	a-named corpora the corpora s.			the appo	DIRECTOR	RS IN 12
SIGNATURE  12.  THE	Stgrater - typed or pre-tog name of registered OFFICERS /	agent and title I appli	icable. (NOI	tes, the above authorized by orida Statutes  15. Registered Age  11.1 Title	a-named corpora	ited when reinstating)		the appo		
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SIGNATURE  12. INLE NAME	Stgrature, byject or practice name of registered OFFICERS, PD MCDONALD, ARNOLDO JR.	agent and title I appli	icable. (NOI IS DELETE	tes, the above authorized by orida Statutes  E Registered Age  13.  11.1644. 1.2944E	a-named corpora	ited when reinstating)		TATE	DIRECTOR Change	RS IN 12
SIGNATURE  12. THE NAME STREET ADDRESS CITY ST-ZIP THLE	Signature, bysica or predice trains of registered OFFICERS. PD MCDONALD, ARNOLDO JR. 1943 N.W. 97 AVENUE	agent and title I appli	icable (NOI	les, the above authorized by oricle Statutes  IE Registered Age  13.  1.1.1/ILLE  1.3 STREET  1.4 CITY-S  2.1 TITLE	a-named corpora	ited when reinstating)		TATE	DIRECTOR	RS IN 12
SIGNATURE  12.  HILE NAME SIBLEL ADDRESS CITY - ST-ZIF HILE NAME	Signature, bysica or predice trains of registered OFFICERS. PD MCDONALD, ARNOLDO JR. 1943 N.W. 97 AVENUE	agent and title I appli	icable. (NOI IS DELETE	les, the above authorized by oricle Statutes  IE Registered Age  13.  1.1 ITLL  1.3 STRETT  1.4 CITY-S  2.1 TILLE  22 NAME	anamed corporate the corporate signature required and signature requ	ited when reinstating)		TATE	DIRECTOR Change	RS IN 12
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Daytime Phone #

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May 01 1997 8:00am

Secretary of State

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