

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90178 021 ***158.75

DOCUMENT # F59224

1. Corporation Name
SALAIR, INC.



Principal Place of Business

**5805 BLUE LAGOON DR.
SUITE 460
MIAMI FL 33126-2083
US**

Mailing Address

**5805 BLUE LAGOON DR.
SUITE 460
MIAMI FL 33126-2083
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **8600 NW 53rd Terrace**

Suite, Apt. #, etc.

22 **Suite 230**

City & State

23 **Miami, Florida**

Zip

Country

24 **33166-4536**

25 **USA**

2a. Mailing Address

26 **8600 NW 53rd Terrace**

Suite, Apt. #, etc.

27 **Suite 230**

City & State

28 **Miami, Florida**

Zip

Country

29 **33166-4536**

30 **USA**

3. Date Incorporated or Qualified

12/22/1981

4. FEI Number

59-2000351

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**GREENE, JORDAN A.
5805 BLUE LAGOON DR.
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name

Greene, Jordan A.

82 Street Address (P.O. Box Number is Not Acceptable)

8600 NW 53rd Terrace

83

84 City

Miami, Florida

FL

85 Zip Code

33166

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 **PS** ☐ DELETE
NAME **GREENE, JORDAN A.**
STREET ADDRESS **5805 BLUE LAGOON DR.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **PS** ☒ Change ☐ Addition
1.2 NAME **Greene, Jordan A.**
1.3 STREET ADDRESS **8600 NW 53rd Terrace**
1.4 CITY-ST-ZIP **Miami, Florida 33166-4536**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jordan A. Greene, Pres 4/28/99 (305) 264-7289

Date

Daytime Phone #

CR2E034 (1/98)

0240983