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

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**PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** FILED Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 AUG 27 AM II: 26 F95000003641 DOCUMENT # SECRETALLY OF STATE ARONEM AIR CARGO, INC. TALLAHASSEE, FLORIDA Prescripted Place of Business 15150 N.W. 79 th Count. Suite 195 MIAMI LAKES, MI. 33016 2a. Mailing Address 2. Procepat Place of Business Applied For Not Applicable Suite Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 Country B. This corporation owes or has paid the current year Intangine Yes 30 Personal Property Tax due June 30. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 83 84 11. Pursuant to the provisors of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered affect or registered address, 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. YANNICK led name of registered agent and title d applicable CR2E034 (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 1016 DELFTE 11 1111 12 NAME 1.45.0 13 STREET ADDRESS SPREEL FADDRESS 1.4 CITY - ST - ZIP CITY-ST 7/P DELFTE 21 TITLE DEL 22 NAME 1148.0 23 STREET ADDRESS STREET ACORESS 2. 4 CITY-ST-ZIP COVEST 7P DELETE 31 TITLE 1016 3.2 NAME MARIE 3 3 STREET ADDRESS CIPILE ADMIN SC ш. <u>з</u> 3.4 CITY-ST-ZIP DELETE 4.1 TITLE 1000 4.2 NAME TIARAE 4.3 STREET AODRESS CONCET ADDRESS 4.4 CITY - ST - ZIP 014 St 20 DELFTE 5 1 TITLE 1991 52 NAME f, AfAi 5 3 STREET ADDRESS STREET AUDRESS 5.4 CITY - ST - ZIP Off SLAP Addition DELETE 6.1 TITLE DHI 62 NAME HARA **63 STREET ADDRESS** STREET ADDRESS. 14. I hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated 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 all-chiment with an address. 6.4 CITY - \$1 - ZIP