

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000001267 (1)**

1. Corporation Name

FAF DOMESTIC AIR FREIGHT SERVICES, INC.

Principal Place of Business

**706 MISSION ST
SUITE 1000
SAN FRANCISCO CA 94103**

Mailing Address

**706 MISSION ST
SUITE 1000
SAN FRANCISCO CA 94103**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1996

4. FEI Number

94-1126741

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**GAZTUA, RALPH
2970 NW 75TH AVE
MIAMI FL 33122**

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

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDMAN, GARY	
STREET ADDRESS	706 MISSION ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	

TITLE	S	<input type="checkbox"/> DELETE
NAME	RAYMOND, JAN H	
STREET ADDRESS	706 MISSION ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KUNG, BILLY Y.K.	
STREET ADDRESS	706 MISSION ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SALENTINE, ANDREW	
STREET ADDRESS	706 MISSION ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FRITZ, LYNN C.	
1.3 STREET ADDRESS	706 MISSION STREET	
1.4 CITY-ST-ZIP	SAN FRANCISCO CA 94103	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PELINO, DENNIS L.	
2.3 STREET ADDRESS	706 MISSION STREET	
2.4 CITY-ST-ZIP	SAN FRANCISCO CA 94103	

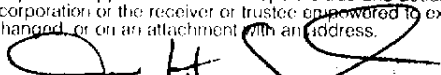
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	AROVAS, ROBERT	
3.3 STREET ADDRESS	706 MISSION STREET	
3.4 CITY-ST-ZIP	SAN FRANCISCO CA 94103	

4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FRIEDMAN, GARY	
4.3 STREET ADDRESS	706 MISSION ST. S.F. CA 94103	
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE  **JAN H. RAYMOND** Secretary 4/22/98 415-538-0424

CR2E034 (10/97)