

**FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # G11317 (6)**

1. Corporation Name  
**TAMIAIR, INCORPORATED**



Principal Place of Business Mailing Address  
**6355 NW 36TH ST 5TH FLOOR VIRGINIA GARDENS FL 33166**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/02/1982</b>	3a. Date of Last Report <b>03/17/1995</b>
21	22	26	27	4. FEI Number <b>59-2254780</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**SPENCER, THOMAS R., JR.  
801 BRICKELL AVENUE  
SUITE 1901  
MIAMI FL 33131**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IGLESIAS, CARLOS A.</b>	1.2 NAME	
STREET ADDRESS	<b>200 ALBATROSS</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI SPRINGS FL</b>	1.4 CITY- ST- ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OBREGON, CARLOS E.</b>	2.2 NAME	
STREET ADDRESS	<b>7455 S.W. 129 CT.</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL</b>	2.4 CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, FELIPE J.</b>	3.2 NAME	
STREET ADDRESS	<b>530 N.W. 109 AVE</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL</b>	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carlos E. Obregon **CARLOS E. OBREGON** 2-6-96 (305) 871 1157  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)