

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 05 1996 8:00 am
Secretary of State

DOCUMENT # G34374 (0)

1. Corporation Name
MILLON AIR, INC.



Principal Place of Business: ~~XXXXXXXXXXXXXXXXXXXX~~
Mailing Address: **SUITE 330, 9990 SW 77TH AVENUE MIAMI FL 33156-2699**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 3550 N.W. 59th Avenue		26		03/30/1983	03/21/1995
22 Building 1038		27		4. FEI Number	Applied For
23 Miami, FL		28		59-2315542	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33122	Dade			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
g. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARGOLIS, JOHN A. SUITE 300, 9990 SW 77TH AVENUE MIAMI FL 33156-2699				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ 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	MILLON, ERNESTO			12 NAME			
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX			13 STREET ADDRESS	3550 N.W. 59th Avenue, Bldg. 1038		
CITY-ST-ZIP	MIAMI FL			14 CITY-ST-ZIP	Miami, FL 33122		
TITLE	CD	<input type="checkbox"/> DELETE		2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLON, JUAN B.			22 NAME			
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX			23 STREET ADDRESS	3550 N.W. 59th Avenue, Bldg. 1038		
CITY-ST-ZIP	MIAMI FL			24 CITY-ST-ZIP	Miami, FL 33122		
TITLE	ST	<input type="checkbox"/> DELETE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLON BONNER, ESPERANZA			32 NAME			
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX			33 STREET ADDRESS	3550 N.W. 59th Avenue, Bldg. 1038		
CITY-ST-ZIP	MIAMI FL			34 CITY-ST-ZIP	Miami, FL 33122		
TITLE		<input type="checkbox"/> DELETE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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: Date: 2/8/96 Daytime Phone #: 305/526-1155

CR2E034 (12/95)