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

**PROFIT CORPORATION ANNUAL REPORT** 

1**9**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Jun 03 1998 8:00am Secretary of State

1. Corporation Name (>343) 14				
MILLON AIR, INC.				
rii.	DEON AIR, INC.			
Principal Plac	o of Business	Mailing Address		
	05 N.W. 36 St.	P.O. Box 52		
	ami,FL 33166	Miami, FL 3	33152	DO NOT WRITE IN THIS SPACE
S1	uite #112			3. Date Incorporated or Qualified
O Dringing I D	lace of Business	1 0 Maillion Address		March 30, 1983
21 Principal P	BOO OF DUSINESS	2a. Mailing Address 26		4. FELNumber 315542 Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc		S8 75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State	e	City & State		B. Election Campaign Financing - \$5.00 May Be Trust Fund Contribution
Zip	Country	7 <sub>(p</sub>	Country	This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. 🔀 Yes 🗌 No
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
Iohn	A. Margolis, Esq		81 Name	
9990 S.W. 77 Ave., Suite 330			82 Street	Address (P.O. Box Number is Not Acceptable)
Miam	i, FL 33156-2699	200 330	83	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
i <sub>4</sub>			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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE	Signature: typoid or prioted name of require red region	and title if applicable (NOTE	: Registered Agent signature	e required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P/D	XX DELETE	1.1 TITLE	P/D Change XX Addition
NAME	Juan B. Millon		1.2 NAME	Johnny Millon
STREET ADDRESS	<b>35</b> 50 N.W. 59 Ave	., Miami, FL	1.3 STREET ADDRESS	6405 N.W. 36 St., #112 Miami, FL 33166
CITY-ST-ZIP TITLE	S/T	XX DELETE	1.4 CITY - ST - ZIP 2.1 TiTLE	S/T Change XX Addition
NAME	Esperanza Millon		2.2 NAME	Estela M. Zayas
STREET ADDRESS	3550 N.W. 59 Ave		2.3 STREFT ADDRESS	6405 N.W. 36 St., #112
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Miami, FL 33166
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME		C) breeze	4. 2 NAME	- Stange - Tribotion
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	500002547115
STREET ADDRESS			5.3 STREET ADDRESS	-06/04/9801019034
CITY-ST-ZiP		DELETE	5 4 CITY - ST - ZIP	***550.00
TITLE		[] DELETE	61 THILE	Li Change Li Addition
NAME STREET ADDRESS			62 NAME 63 STREET ADDRESS	(1, 1, 1, 3, 1)
CITY_CT_7ID		/ /	CACITY OF TIO	

14. I hereby certify that the information supplied with this filtry does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this armityal report or supplied with this filtry does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this armityal report or supplied with this filtry does not qualify for the exemption 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this armityal report as in the property of the control of th