FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J51212 (5)

1. Corporation Name
MARV AIR, INC.

Principal Place of Business:
1705 N 16TH ST
TAMPA FL 33605
US

Mailing Address:
1705 N 16TH ST
TAMPA FL 33605
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/05/1987
3a. Date of Last Report: 08/10/1994
4. FEI Number: 59-2777887 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALFONSO, CARLOS J. 109 N. BRUSH ST. TAMPA FL 33602	81 Name: AlFonso, Carlos J. 82 Street Address (P.O. Box Number is Not Acceptable): 1705 N 16th Street 83 84 City: TAmpA FL 85 Zip Code: 33605

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STVP	11 TITLE	STVP	☒ Change ☐ Addition
NAME	ALFONSO, CARLOS	12 NAME	AlFonso, Carlos	
STREET ADDRESS	109 N BRUSH, STE 100	13 STREET ADDRESS	1705 N 16th Street	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	TAmpA, Fl. 33605	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	ALFONSO, ALBERT E.	22 NAME	AlFonso, Albert	
STREET ADDRESS	109 NORTH BRUSH ST., STE 100	23 STREET ADDRESS	1705 N. 16th Street	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	TAmpA, Fl. 33605	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	DEL MONTE, ANGEL	32 NAME	Del monte, Angel	
STREET ADDRESS	109 NORTH BRUSH ST., STE 100	33 STREET ADDRESS	1705 N. 16th Street	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	TAmpA, Fl. 33605	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	BUZARD, WILLIAM S.	42 NAME	Buzard, William S.	
STREET ADDRESS	109 NORTH BRUSH ST., STE 100	43 STREET ADDRESS	1705 N. 16th Street	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	TAmpA, Fl. 33605	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ 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)(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: [signature] 4/27/95 813-247-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: CARLOS J. ALFONSO — DATE — DAYTIME PHONE #

0201084 CP