## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K47890

(4)

AIR MIAMI EXPORT, INC.

רין

Principal Place of Business

Maiting Address

APPROVEU AND FILED

97 SEP 22 AM 8: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA



6980 N.W. 951 MIAMI FL 931		6980 N.W. 35TH AVE. MIAMI FL 33147-6622			DO NOT WRITE	IN THIS SPACE
					3. Date Incorporated or Qualified	3a. Date of Last Report
a Dianinal Di	- I Duding	T = 12 % 4 1 1 5 5 5 5			11/30/1988	05/01/1996
	ace of Business	2a. Mailing Address			4. FEI Number	Applied Fo
Suite, Apt.	# otc	Cuito Apl H ete			65-0087679	Not Applica
22	, oc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	4	8. This corporation owes or has pai	d the current year Intangible
24	25	29	30		Personal Property Tax due June	
	9. Name and Address of Curren	t Registered Agent		тъ.	10. Name and Address of New Reg	Istered Agent
	SS, MORRIS		81	Name		
6900 N.W. 35TH AVE. MIAMI FL 33147			Street Address (P.O. Box Number is Not Acceptable)			
MIN	IMI TL 33147		83			
			03			
			84	City		85 Zip Code
44 Durament t	a the provisions of Sections 607 000	2 and CO7 1600 Florida Ctat	uton the obs	1	and the state of t	FL   65   Zip code
agent I ar SIGNATURE	n familiar with, and accept the obliga	itions of, Section 607.0505, I	Florida Statute	8.	rporation submits this statement for the pi ation's board of directors. I horeby accep	the appointment as registere
<del></del>	Signature, typed or printed name of registered ages			ent signature requ	uired when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	MOSS, MORRIS	∐ DELETE	1.1 TITLE			L. Change L. Add
NAME	6980 N.W. 35TH AVE.		1.2 NAME			
STREET ADDRESS	MIAMI FL			ADDRESS	- and	
CITY-ST-ZIP TITLE		DELETE	1.4 CITY-1	ST - ZIP	Tarker Signal	Marijana
NAME		□ DETERE	21 11114		•	***
			22 NAME		• • • • • • • • • • • • • • • • • • •	THE WATER
STREET ADDRESS				ADDRESS		**************************************
CITY-ST-ZIP TITLE		DELFTE	2 4 CiTY- 3 1 TITLE	SI-ZIP		Change Add
NAME			3 2 NAME			L_1 Orlange R30
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			3 4. CITY-		700023 	009775
TITLE		DELETE	4.1 TITLE	01 211	-09/23/	3701043026
NAME			4. 2 NAME		****16	5.00 ****165.00
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			4.4 City - 1			
TITLE		DELETE	5.1 TITLE			Change Add
NAME			5.2 NAME		107	
STREET ADDRESS				ADDRESS	\ M 912 ~	
CITY-ST-ZIP			5.4 CHY-	S1 - ZIP	pn a122	
TITLE		☐ DELETE	6.1 TITLE		<u> </u>	Change Addi
NAME		•	6.2 NAME			
STREET ADDRESS			6.3 STREE	ADDRESS		
CITY-ST-ZIP			6.4 CITY -	31 - ZIP		

14. I do 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 logal 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.