

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 APR 14 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K89767

(3)

1. Corporation Name

SOUTHERN RAINBOW AIR, INC.

Principal Place of Business

W-O-T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324

Mailing Address

W-O-T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/22/1989

3a. Date of Last Report

02/01/1994

4. FEI Number

65-0125653

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 C/O Michael A. Rubin, Esq.

Suite, Apt. #, etc.

22 420 So Dixie Highway, #4B

City & State

23 CORAL GABLES, FL

Zip

24 33146

Country

25 USA

2a. Mailing Address

26 C/O Michael A. Rubin, Esq.

Suite, Apt. #, etc.

27 420 So Dixie Highway, #4B

City & State

28 CORAL GABLES, FLA

Zip

29 33146

Country

30 USA

9. Name and Address of Current Registered Agent

GT-CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

C/O Michael A. Rubin, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

420 So Dixie Highway, Suite #4B

83

84 City

CORAL GABLES,

FL

85 Zip Code

33146

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

X *[Signature]* - Michael A. Rubin

3/28/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D

CAICEDO, HERNANDO
1767 N.W. 79TH AVENUE
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

R

WILLIAMS, MARTINA
1767 NW 79TH AVE
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VP

HUDSON, ROBERT F. JR ESQ
1767 NW 79TH AVE
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

P/D

1800 NW 89 PLACE
MIAMI, FL 33172

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

S

1800 NW 89 PLACE
MIAMI, FL 33172

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

VP

Michael A. Rubin
420 So Dixie Highway, Suite #4B
CORAL GABLES, FLA 33146

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(b), 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 officer 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 both, in the report with my address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERNANDO CAICEDO

3/28/95 (305) 592-5321