

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L52150**

1. Corporation Name

**MIAMI AIR INTERNATIONAL, INC.**

Principal Place of Business

**5000 NW 36TH STREET  
SUITE 307  
MIAMI FL 33122  
US**

Mailing Address

**P O BOX 660880  
SUITE 302  
MIAMI SPRINGS FL 33266  
US**

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90201 009 \*\*\*158.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/22/1990**

4. FEI Number

**65-0174270**

Applied For

Not Applicable

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25** **26** **27** **28** **29** **30**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

9. Name and Address of Current Registered Agent

**O'NAGHTEN, JUAN T  
2665 S BAYSHORE DR  
SUITE 1100 GRAND BAY PLAZA  
MIAMI FL 33133**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DT** ☐ DELETE  
NAME **WERNER, ROBERT**  
STREET ADDRESS **5000 NW 36TH ST**  
CITY-ST-ZIP **MIAMI FL 33266**

TITLE **DC** ☐ DELETE  
NAME **LYALL, GEORGE**  
STREET ADDRESS **5000 NW 36TH ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE  
NAME **O'NAGHTEN, JUAN T.**  
STREET ADDRESS **5000 NW 36TH ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE **DP** ☐ DELETE  
NAME **FISCHER, D. ROSS**  
STREET ADDRESS **5000 NW 36TH ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE **V** ☐ DELETE  
NAME **CONSERV, ROBERT**  
STREET ADDRESS **5000 NW 36TH ST**  
CITY-ST-ZIP **MIAMI FL 33266**

TITLE **S** ☐ DELETE  
NAME **PETERSON, LOIS H.**  
STREET ADDRESS **5000 NW 36TH ST**  
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☐ Change ☒ Addition  
1.2 NAME **Brian FitzGerald**  
1.3 STREET ADDRESS **13590 SW 67th Ct**  
1.4 CITY-ST-ZIP **Miami, FL 33156**

2.1 TITLE **Vice President Maintenance** ☐ Change ☒ Addition  
2.2 NAME **James Kenney**  
2.3 STREET ADDRESS **6716 NW 66th Way**  
2.4 CITY-ST-ZIP **Parkland, FL 33067**

3.1 TITLE **Vice President Operations** ☐ Change ☒ Addition  
3.2 NAME **James Proia**  
3.3 STREET ADDRESS **3600 Washington LA**  
3.4 CITY-ST-ZIP **Cooper City, FL**

4.1 TITLE **Director** ☐ Change ☒ Addition  
4.2 NAME **Charles Giurtino**  
4.3 STREET ADDRESS **7780 SW 143rd St.**  
4.4 CITY-ST-ZIP **Miami, FL 33158**

5.1 TITLE **Director** ☐ Change ☒ Addition  
5.2 NAME **John Kornmeyer**  
5.3 STREET ADDRESS **6551 New Port Lake Circle**  
5.4 CITY-ST-ZIP **Boca Raton, FL 33496**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE: **Brian T. FitzGerald** **2.4.99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)