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

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DIVISION OF CORPORATIONS
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DOCUMENT # **L62403** **(5)**

1. Corporation Name
AAA INTERAIR, INC.

Principal Place of Business	Mailing Address
950 S E 12TH ST HIALEAH FL 33010	950 S E 12TH ST HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/04/1990**
3a. Date of Last Report: **08/10/1994**

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

4. FEI Number: **65-0183803** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FINAZZO, NICOLAS
950 SE 12TH STREET
HIALEAH FL 33010

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☐ Change ☒ Addition
NAME	POTTER, DOUG	1.2 NAME	BATCHELOR, MARIANNE T.
STREET ADDRESS	950 SE 12TH STREET	1.3 STREET ADDRESS	950 SE. 12 ST.
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	HIALEAH, FL. 33010
TITLE	DC	2.1 TITLE	V ☐ Change ☒ Addition
NAME	BATCHELOR, GEORGE E	2.2 NAME	WAIKEL, RAYMOND S.
STREET ADDRESS	950 SE 12TH ST	2.3 STREET ADDRESS	950 SE. 12 ST.
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	HIALEAH, FL. 33010
TITLE	T	3.1 TITLE	V ☐ Change ☒ Addition
NAME	HIGGINS, JOHN	3.2 NAME	FINAZZO, NICOLAS
STREET ADDRESS	950 SE 12TH ST	3.3 STREET ADDRESS	950 SE. 12 ST.
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	HIALEAH, FL. 33010
TITLE	DS	4.1 TITLE	☐ Change ☐ Addition
NAME	BATCHELOR, ANNE O	4.2 NAME	
STREET ADDRESS	950 SE 12TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	MESECHER, BOYD	5.2 NAME	
STREET ADDRESS	950 SE 12TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: A. D. Batchelor SECRETARY 3/31/95 (305) 887-4500
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — (Daytime Phone #)
ANNE O. BATCHELOR

0076079 CP