

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

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95 MAY -1 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M08037 (7)

1. Corporation Name
FAB AIR CORP.

Principal Place of Business

5355 NW 36 ST
STE 200
MIAMI FL 33166
US

Mailing Address

5355 NW 36 ST
STE 200
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/20/1984** 3a. Date of Last Report **07/06/1994**

4. FEI Number **59-2455947** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contributions ☐ **\$5.00 May Be Added to Fees**

7. Has corporation been subject to a change of control under Florida Statutes? ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite Apt. # etc.

Suite Apt. # etc.

22

27

City & State

City & State

23

28

Zip

Zip

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TELLEZ, FABIO
5355 NW 36 ST
STE 200
MIAMI FL 33166**

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 607.09(2) and 607.1506, 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 Sections 607.09(2) Florida Statutes.

SIGNATURE

Fabio Tellez

05-01-95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

TITLE	PD
NAME	TELLEZ, FABIO
STREET ADDRESS	11631 S.W. 182 TERR.
CITY, ST, ZIP	MIAMI FL
TITLE	STD
NAME	TELLEZ, MARIA ISABEL
STREET ADDRESS	11631 S.W. 182 TERR.
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14 NAME	☐ Change ☐ Addition
15 STREET ADDRESS	
16 CITY, ST, ZIP	
17 NAME	☐ Change ☐ Addition
18 STREET ADDRESS	
19 CITY, ST, ZIP	
20 NAME	☐ Change ☐ Addition
21 STREET ADDRESS	
22 CITY, ST, ZIP	
23 NAME	☐ Change ☐ Addition
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 NAME	☐ Change ☐ Addition
27 STREET ADDRESS	
28 CITY, ST, ZIP	
29 NAME	☐ Change ☐ Addition
30 STREET ADDRESS	
31 CITY, ST, ZIP	

14. I, Fabiano Tellez, certify that the information supplied with this filing is voluntarily furnished and deemed equally for the purposes stated in Section 607.09(2) Florida Statutes. I further certify that the information supplied 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 person or person empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 14 if changed or in an attachment with an address.

SIGNATURE:

Fabio Tellez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-95