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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Feb 19 1996 8:00 am
Secretary of State

DOCUMENT # M20938 (0)

1. Corporation Name

AIR SHOT CORPORATION

Principal Place of Business

16175 N.W. 49TH AVENUE
MIAMI FL 33014-6312

Mailing Address

16175 N.W. 49TH AVENUE
MIAMI FL 33014-6312



3. Date Incorporated or Qualified

09/23/1985

3a. Date of Last Report

03/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPOLITE CORPORATION
1 SE 3RD AVENUE
1400 AMERIFIRST BLDG
MIAMI FL 33131

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

MURGEL, CARLOS A.P.

STREET ADDRESS

16175 N.W. 49TH AVE.

CITY - ST - ZIP

MIAMI FL

TITLE

VTSD

☐ DELETE

NAME

ESTIMA, LUIS F.

STREET ADDRESS

16175 N.W. 49TH AVE.

CITY - ST - ZIP

MIAMI FL

TITLE

ASV

☐ DELETE

NAME

SAVANE, BRUCE

STREET ADDRESS

16175 N.W. 49TH AVE.

CITY - ST - ZIP

MIAMI FL

TITLE

VAT

☐ DELETE

NAME

SOARES, RUY F.

STREET ADDRESS

16175 N.W. 49TH AVE.

CITY - ST - ZIP

MIAMI FL

TITLE

V

☒ DELETE

NAME

DA SILVA, MANOEL

STREET ADDRESS

16175 N.W. 49TH AVE.

CITY - ST - ZIP

MIAMI FL

TITLE

AS

☐ DELETE

NAME

BLENKER, DAVID

STREET ADDRESS

16175 N.W. 49 AVENUE

CITY - ST - ZIP

MIAMI FL 33014

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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

AS

BLOOM, 3I H.

16175 N.W. 49 Ave.

Miami, FL

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)