## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

M20938 DOCUMENT #

AIR SHOT CORPORATION

(0)

## **FILED** Sep 05 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 16175 N.W. 49TH AVENUE 16175 N.W. 49TH AVENUE MIAMI FL 33014-6312 MIAMI FL 33014-6312 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 09/23/1985 02/19/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2587576 Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes 25 30 Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPOLITE CORPORATION 81 Name 1 SE 3RD AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) 1400 AMERIFIRST BLDG **MIAMI FL 33131** 83 R4 City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELE 1E Addition 1.1 TITLE TITLE MURGEL, CARLOS A.P. NAME 1.2 NAME 16175 N.W. 49TH AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-7P 1.4 CITY-ST-ZIP VTSD ☐ DELETE Change 2.1 TITLE ... Addition TITLE ESTIMA, LUIS F. 2.2 NAME NAME 16175 N.W. 49TH AVE. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP asv DELETE Addition TITLE 3.1 TITLE SAVANE.BRUCE NAME 3.2 NAME 16175 N.W. 49TH AVE. STREET ADDRESS 3.3 STREET ADDRESS MIAM! FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THILE SOARES, RUY F. NAME 4. 2 NAME 16175 N.W. 49TH AVE. 4.3 STREET ADDRESS STREET ADDRESS MIAMI FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE BLOOM, SI H NAME 52 NAME **16175 NW 49TH AVENUE** STREET ADDRESS 5.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change noititbA 🔲 TITLE 6.1 TITL€ BLENKER, DAVID 62 NAME NAME 16175 N.W. 49 AVENUE 6.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33014** 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I do 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 receivor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed or on an attachment with an address.

D/20100 624-10115