

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90077 029 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M25820

1. Corporation Name
EDNAIR INC.

Principal Place of Business 6825 VISITORS CIRCLE 6825 VISITOR'S CIRCLE ORLANDO FL 32819 US	Mailing Address 6825 VISITORS CIRCLE 6825 VISITOR'S CIRCLE ORLANDO FL 32819 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 01/14/1986	Applied For Not Applicable
4. FEI Number 59-2652235	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CHAN-MARTINEZ, JORGE
6825 VISITOR'S CIRCLE
ORLANDO FL 32819

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIANDE DE MINDREAU, D.	1.2 NAME	RIANDE DE MINDREAU, D.
STREET ADDRESS	VIA ESPANA Y RICARDO-ARI	1.3 STREET ADDRESS	VIA ESPAÑA Y RICARDO-ARI
CITY-ST-ZIP	PANAMA 7,REPUBL.PANA	1.4 CITY-ST-ZIP	PANAMA 7, REP. PANAMA
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOHRER, OSCAR B.	2.2 NAME	LUZZI DE RIANDE, YOLANDA
STREET ADDRESS	VIA ESPANA Y RICARDO-ARI	2.3 STREET ADDRESS	VIA ESPAÑA Y RICARDO-ARIAS
CITY-ST-ZIP	PANAMA 7,REPUB.PANAM	2.4 CITY-ST-ZIP	PANAMA 7, REP. PANAMA
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIANDE PENA, ILDEFONSO	3.2 NAME	RIANDE, NOEL ANTONIO
STREET ADDRESS	VIA ESPANA Y RICARDO-ARI	3.3 STREET ADDRESS	VIA ESPAÑA Y RICARDO ARIAS
CITY-ST-ZIP	PANAMA 7,REPUB.PANAM	3.4 CITY-ST-ZIP	PANAMA 7, REP. DE PANAMA
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUZZI DE RIANDE, YOLANDA	4.2 NAME	RIANDE DE VICTORIA, LUCIA
STREET ADDRESS	VIA ESPANA Y RICARDO-ARI	4.3 STREET ADDRESS	VIA ESPAÑA Y RICARDO ARIAS
CITY-ST-ZIP	PANAMA 7,REPUB.PANAM	4.4 CITY-ST-ZIP	PANAMA 7, PANAMA
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIANDE, LUCIA	5.2 NAME	
STREET ADDRESS	VIA ESPANA Y RICARDO-ARI	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA 7,REPUB.PANAM	5.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIANDE, NOEL ANTONIO	6.2 NAME	
STREET ADDRESS	VIA ESPANA Y RICARDO-ARI	6.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA 7,REPUB.PANAM	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:  **1/27/99** (407) 352-8211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)