

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

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

02-27-1999 90077 029 \*\*\*150.00

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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/14/1986**

4. FEI Number

**59-2652235**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **RIANDE DE MINDREAU, D.**  
STREET ADDRESS **VIA ESPANA Y RICARDO-ARI**  
CITY-ST-ZIP **PANAMA 7, REPUBL.PANA**

TITLE **D** ☒ DELETE

NAME **LOHRER, OSCAR B.**  
STREET ADDRESS **VIA ESPANA Y RICARDO-ARI**  
CITY-ST-ZIP **PANAMA 7, REPUB.PANAM**

TITLE **P** ☒ DELETE

NAME **RIANDE PENA, ILDEFONSO**  
STREET ADDRESS **VIA ESPANA Y RICARDO-ARI**  
CITY-ST-ZIP **PANAMA 7, REPUB.PANAM**

TITLE **V** ☒ DELETE

NAME **LUZZI DE RIANDE, YOLANDA**  
STREET ADDRESS **VIA ESPANA Y RICARDO-ARI**  
CITY-ST-ZIP **PANAMA 7, REPUB.PANAM**

TITLE **S** ☐ DELETE

NAME **RIANDE, LUCIA**  
STREET ADDRESS **VIA ESPANA Y RICARDO-ARI**  
CITY-ST-ZIP **PANAMA 7, REPUB.PANAM**

TITLE **T** ☒ DELETE

NAME **RIANDE, NOEL ANTONIO**  
STREET ADDRESS **VIA ESPANA Y RICARDO-ARI**  
CITY-ST-ZIP **PANAMA 7, REPUB.PANAM**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **T** ☒ Change ☐ Addition

12 NAME **RIANDE DE MINDREAU, D.**  
13 STREET ADDRESS **VIA ESPANA Y RICARDO-ARI**  
14 CITY-ST-ZIP **PANAMA 7, REP. PANAMA**

21 TITLE **P** ☒ Change ☐ Addition

22 NAME **LUZZI DE RIANDE, YOLANDA**  
23 STREET ADDRESS **VIA ESPANA Y RICARDO-ARIAS**  
24 CITY-ST-ZIP **PANAMA 7, REP. PANAMA**

31 TITLE **V** ☒ Change ☐ Addition

32 NAME **RIANDE, NOEL ANTONIO**  
33 STREET ADDRESS **VIA ESPANA Y RICARDO ARIAS**  
34 CITY-ST-ZIP **PANAMA 7, REP. DE PANAMA**

41 TITLE **S** ☐ Change ☐ Addition

42 NAME **RIANDE DE VICTORIA, LUCIA**  
43 STREET ADDRESS **VIA ESPANA Y RICARDO ARIAS**  
44 CITY-ST-ZIP **PANAMA 7, PANAMA**

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)