


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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90280 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M26309 ✓OK			
1. Corporation Name AIR & SEA INC.			
Principal Place of Business 8377 N.W. 68 Street Miami, Fl. 33166		Mailing Address	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 8336 N.W. 56 Street Suite, Apt. #, etc.		2a. Mailing Address 26 8336 N.W. 56 Street Suite, Apt. #, etc.	
22 City & State 23 Miami, FL		27 City & State 28 Miami, FL	
24 Zip 33166 25 Country		29 Zip 33166 30 Country US	
9. Name and Address of Current Registered Agent GONZALEZ, Theodore A., Jr. 8377 N.W. 68 Street MIAMI, FL. 33166		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 8336 N.W. 56 Street 84 City Miami FL 85 Zip Code 33166	
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	PSD	<input type="checkbox"/> DELETE	
NAME	Gonzalez, Theodore A. Jr.		
STREET ADDRESS	3160 S.W. 118th Avenue		
CITY-ST-ZIP	Miami, FL.		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	Gonzalez, Gail		
STREET ADDRESS	3160 S.W. 118th Avenue		
CITY-ST-ZIP	Miami, FL.		
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	Guitian, Suzette C.		
STREET ADDRESS	3960 S.W. 124th Avenue		
CITY-ST-ZIP	Miami, FL.		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
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: <i>Gail Gonzalez</i> Gail Gonzalez, Trs. 4/29/99 305-477-3636			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			