

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M39338** (2)

1. Corporation Name

GOBAIR CORPORATION



Principal Place of Business

**1100 LEE WAGNER BLVD
STE 345
FT LADUERDALE FL 33315
US**

Mailing Address

**1100 LEE WAGNER BLVD
SE 345
FT LADUERDALE FL 33315
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**OLIVEIRA, LUIS CARLOS
1100 LEE WAGNER BLVD
FT. LAUDERDALE FL 33315**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

10/01/1986

3a. Date of Last Report

06/28/1995

4. FET Number

59-2725718

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 has liability for intangible tax under s. 193.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 of person who is authorized to sign this statement

DATE (By Registered Agent Signature and Statement of Change)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

OLIVEIRA, LUIS CARLOS

STREET ADDRESS

1100 LEE WAGNER BLVD STE 345

CITY-STATE-ZIP

FT. LAUDERDALE FL

TITLE

S

☐ DELETE

NAME

BURG, CLARICE LINCK

STREET ADDRESS

1100 LEE WAGNER BLVD STE 345

CITY-STATE-ZIP

FT. LAUDERDALE FL

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY-STATE-ZIP

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TITLE

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NAME

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STREET ADDRESS

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CITY-STATE-ZIP

☐ DELETE

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY-STATE-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

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

3-10-96 - 11:00PM - 954-3577968

CR2E034 (12/95)