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

Apr 07 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Sandra B. Mortham ANNUAL REPORT Socretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M46417 (5) AIRBASE PLAZA, INC. Principal Place of Business Mailing Address 8003 8: DIXIE-HIGHWAY 8603-S. DIXIE HIGHWAY. SUITE 410 ---MIAMI FL 93143 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/11/1987 2. Principal Place of Business 2a. Mailing Address **FEI Number** Applied For 13255 SW 137 AVE Same 59-2802775 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired #100 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHERRY, ROBERT 13255 Sw 137 aues 41 100 Myanio, FC 33186 8603 S. DIXIE HIGHWAY-Street Address (P.O. Box Number is Not Acceptable) SUITE-410-**MIAMI FL 83143** 64 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 algorature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☑ Change ☐ Addition TITLE 1.1 TITLE SHERRY, ROBERT 1.2 NAME NAME 8603 S DIXIE HWY STREET ADORESS 1.3 STREET ADORESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP M Change TITLE DELETE 21 TITLE Addition SHERRY, MICHELLE NAME 2.2 NAME 8603 S DIXIE HWY STREET ADDRESS 23 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CiTY - ST - ZiP DELETE Change Addition TITLE 3 1 TIME 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1.1(T) F NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling closs 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 suppliemental 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 recycler or trues only or properties report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 6, or on an attribution will a profess.

OFFICER OR DIRECTOR

STREET ADDRESS

SIGNATURE:

**FILED** 

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