Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90074 030 ***150.00

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

DOCUMENT # M61279

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Corporation AUTAIR I	FREIGHT SERVICES, INC.									and the second s
Principal Place of Business Mailing Address							100100011 110 01101 11040	i limit immim imit Athol		in minni minni imni
7301 NW 34TH ST 7301 NW 34TH ST MIAMI FL 33122 MIAMI FL 33122										
						ļ		T WRITE IN THI	S SPACE	,
							3. Date Incorporated or Qu	uaiii e a		
		0 Mailing Address					10/22/1987 4. FEI Number	_		Applied For
2. Principal Place of Business 2a. Mailing Address							65-0009168		\vdash	Not Applicable
21	# _t_	Suite, Apt. #, etc.					00 0000 100			5 Additional
Suite, Apt.	#, etc.						5. Certificate of Status Des	ired 🔲		Required
City & State		City & State				-7	6. Election Campaign Fina	ncina —	\$5.0	0 May Be
23	,	28					Trust Fund Contribution	*	•	ed to Fees
Zip	Country	Zip	Cou	ntry			8. This corporation owes t	he current year li	ntangible	
24	25	29	— ·			Ì	Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curren						10. Name and Address of	New Registere	d Agent	
				81	Name					
LOWENSTEIN, ELLIOT				2	O Co - A A					
2100 SALZEDO ST				82 Street Address (P.O. Box Number is Not Acceptable)					_	
STE 303				83						
COR	AL GABLES, 33134			Щ					11 -	- 0- 1-
				84	City			F	85 Z	ip Code
office or nagent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was tions of, Section 607.0505, F	autnorizeo Iorida Stat	iby utes	tne corpo	ration	s board of directors. Thereo	y accept the app	ointment as	registered
	Signature, typed or printed name of registered age			Agen	it signature re	iquired w	then reinstating) ,ADDITIONS/CHANGES		ND DIDEC	TOPS IN 12
12.		ID DIRECTORS	13.			• • •	,ADDITIONS/CHANGES	TO OFFICERS F	Chan	
TITLE	D	□ nete is								,
NAME	ACROOM, I EIEM		1.2 N		}					
STREET ADDRESS	LIDIVIL WITH				ADDRESS					
CITY-ST-ZIP	COTOTI, DEDITOTATE			1.4 CITY-ST-ZIP					☐ Chan	ge Addition
TITLE	D .	· — · · · · · · · · · · · · · · · · · ·							Onland	Jo C. Madillo.
NAME	WILSON, STEPHEN GARY	SON, STEPTIEN WAR		AME	Ì					
STREET ADDRESS	25 ELIZABETH AVE.				TADDRESS					
CITY-ST-ZIP ~ ~	-SURREY; ENGLAND	.)			TY-ST-ZIP		YP		Z Chan	ge Addition
TITLE	VP /	☐ DELETE	3.1 TI		ļ	ЭK	▼ *		, ES CHAIT	an I'm Language
NAME	CARRILLO, TERESA	NLO/A		NAME					-	
STREET ADDRESS	1 1 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2				TADDRESS					
CITY-ST-ZIP	MIAMI FL		3.4. CITY		T-ZIP					no Dadriis
TITLE	S	☐ DELETE	4,1 T		}				Chan	ge 🔲 Additio
NAME	MCKINNON, L P		4. 2 N	AME						
STREET ADDRESS	7301 NW 34 ST		4.3 S	TREET	T ADDRESS					
CITY-ST-ZIP	MIAM! FL			TY-S	T-ZIP		.			
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.1 T	TLE					Chan	ige 🔲 Additio

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 chapted, or on an attachment with an address, with all other like empowered.

5 2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE

Change

Addition