

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000002507 (0)

1. Corporation Name

MIAMI ASSOCIATION OF AIRLINE REPRESENTATIVES, INC.

Principal Place of Business

49 MAJORCA AVE  
SUITE 203  
CORAL GABLES FL 33134

Mailing Address

49 MAJORCA AVE  
SUITE 203  
CORAL GABLES FL 33134



3. Date Incorporated or Qualified

05/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 P.O. BOX 591095

22 City & State

27 City & State

MIAMI FL

23 Zip Country

28 Zip Country

33159 USA

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. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANDA, MAGDA S  
49 MAJORCA AVE  
SUITE 203  
CORAL GABLES FL 33134

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME GRANDA, MAGDA  
STREET ADDRESS 49 MAJORCA AVE SUITE 203  
CITY-ST-ZIP CORAL GABLES FL 33134

DELETE

1.1 TITLE PD  
1.2 NAME GILSTAD, ANTONIA  
1.3 STREET ADDRESS 13966-B SW 46 TERR  
1.4 CITY-ST-ZIP MIAMI, FL 33175

Change Addition

TITLE VD  
NAME GILSTAD, ANTONIA  
STREET ADDRESS 13966 SW 46 TERR UNIT B  
CITY-ST-ZIP MIAMI FL 33175

DELETE

2.1 TITLE VD  
2.2 NAME TURNBEAUGH, ROXANA  
2.3 STREET ADDRESS 1223 NW 137 TERRACE  
2.4 CITY-ST-ZIP N. MIAMI, FL 33161

Change Addition

TITLE TD  
NAME TUMBEAUGH, ROXANA  
STREET ADDRESS 1223 NW 137 TERR  
CITY-ST-ZIP N MIAMI FL 33161

DELETE

3.1 TITLE TD  
3.2 NAME LUGO, PAUL  
3.3 STREET ADDRESS 14115 SW 66 ST. # I-6  
3.4 CITY-ST-ZIP MIAMI, FL 33183

Change Addition

TITLE SD  
NAME CORDOVA, PAMELA  
STREET ADDRESS 850 NE 207 TERR UNIT 103  
CITY-ST-ZIP MIAMI FL 33179

DELETE

4.1 TITLE SD  
4.2 NAME MILLIKEN, TRACY  
4.3 STREET ADDRESS 21239 SW 97 PLACE  
4.4 CITY-ST-ZIP MIAMI, FL 33189

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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 617, 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

Date

Daytime Phone #

CR2E037 (12/95)