## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

**FILED** Jul 15, 2002 8:00 am Secretary of State 05-27-2002 90503 040 \*\*\*150.00

DOCUMENT # P01 0000 305 21

Section   State   Section   State   Section		Air of h	tiami, In	٠ ،			
Suite, Apt. 6, etc. Apt. 11 City & State Microci. Florida Appt. 11 City & State Microci. Florida Appt. 12 City & State Microci. Florida Appt. 13 City & State Microci. Florida Appt. 14 City & State Microci. Florida Appt. 14 City & State Microci. Florida Appt. 14 City & State Microci. Florida Appt. 13 Appt. 14 City & State Microci. Florida Appt. 14 Appt.			an va				
City & State    Country	1122 Suite, Apt.	1 Nw 7 St #, etc.	11221 NW Suite, Apt. #, etc.	7 St	<del> </del>		
Signature   Signature   State   Stat	City & Stat	Miami, Florida	City & State Mianui, F	Lorida	4. FEI Number 65 - 10		Applied For Not Applicable
DO NOT WRITE IN THIS SPACE    Street Address (P.O. Box Number is Not Acceptable)				USA_		us Desired	ee Required
SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  11. STREET ADDRESS  11. STREET A		IN THIS SPA	ACE	Name  MARITZA CORONA  Street Address (P.O. Box Number is Not Acceptable)  269 N. University Drive Suite J  City Pembroke Pines FL Zip Code 33024			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIGNATURE .  9. This corporate filing recorder (See criter)	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so.	January 1 - May After May 1, F Amended UI Make Check Payable to	pistered Agent signature require  1 Fee is \$150.00  ee is \$550.00  BR is \$61.25	ad when reinstating)  10. Election C Trust Fund	DATE Campaign Financing	\$5.00 May Be Added to Fees
TITLE	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD DEHETZ, FRANKLIN 11221 NW 7St Apt. 11 Hiami, FL 30172 VPD TERAN, YHENNY 11221 NW 7St Apt. 1		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			
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13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: TRANSITURE IN SIGNATURE AND TYPED OF PRINTED DAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

## Attachment # P01000030521

July 08, 2002

Florida Department Of State Division Of Corporations P.O. Box 1500 Tallahassee, FL 32302

> REF.: Air of Miami, Inc Reference # P01000030521

Dear Sir or Madam:

The letter is to inform to you that we recived a letter from Florida Department of State saying that you recived our annual report/Uniform Business Report and our check totaling \$ 150.00, but we have not filed the current register agent's name and address. We are sending the corrected report whit this letter.

Thank your cooperation to solvent this mistake.

Thank you in advance,

*Teanklin Jeweis* Franklin Demeiz