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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(8)

AIRSU	PPORT SERVICES CORPO	ration (delaware)			ii
Principal Plac	e of Business	Mailing Address			11
7520 NW 54 ST 7520 NW 54 ST MIAMI FL 33166 US US			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	
				11/29/1990	
2. Principal P	lace of Business	2a. Mailing Address	-	4. FEI Number Applied Fo	
21		26	<u>.</u> ,	65-0043038 Not Applic	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required	al
22 Chu f Cha	_	City & State			
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country		Country	8. This corporation owes or has paid the current year Intangible	
24	25	——— `	30	Personal Property Tax due June 30. Yes No	
24)	9. Name and Address of Curre		1	10. Name and Address of New Registered Agent	
ST	AKEMANN, JORGE		81 Name		
75	20 NW 54TH ST.		82 Street	Address (P.O. Box Number is Not Acceptable)	
į ML	AMI FL 33166		83		
			84 City	85 Zip Code	
		4500 51 11 01	1	FL 0	2702
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, typed or printed name of registered eg	gent and title if applicable (NOTE	: Registered Agent signature		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
THTLE	Р	☐ DELETE	1.1 TITLE	Change L Ad	dition
NAME	STAKEMAN, JORGE		1,2 NAME		ľ
STREET ADDRESS	7105 W 16 AVE		1,3 STREET ADDRESS		ľ
CiTY-ST-ZiP	HIALEAH FL	T priest	1.4 CiTY-ST-ZiP	Change Ad	Idition
TITLE		☐ DELETE	2.1 TITLE	Ottange C. Au	uition.
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Change Ad	Idition
1			3.2 NAME		
NAME CYPECT + ODDECCE			3.3 STREET ADDRESS		
STREET ADDRESS			3.4. CITY-ST-ZiP		
CITY-ST-ZIP		DELETE	4,1 TITLE	Change Ad	Idition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4,4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	Change Ad	idition
NAME			5,2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		•	5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Ad	dition
NAME		_	6.2 NAME		
CTOTET ADDDCCC			6 2 CTREET ADDRESS		-

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 changed, or or all attachment with an address.

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 20 1998 8:00am

Secretary of State