

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000000574 (3)**

1. Corporation Name
AIR-X SERVICE CORP.



Principal Place of Business: **7841 NORTHWEST 56TH STREET SUITE 102 MIAMI FL 33166**
Mailing Address: **7841 NORTHWEST 56TH STREET SUITE 102 MIAMI FL 33166**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **10/29/1992**
3a. Date of Last Report: **07/19/1995**
4. FEI Number: **65-0369766**
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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: **FERNANDEZ, OLGA 7841 NORTHWEST 56TH STREET MIAMI FL 33166**
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0802 and 607.1805, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	<input type="checkbox"/> DELETE	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: BARED, JOSE I		2. NAME:	
STREET ADDRESS: 7841 NORTHWEST 56TH STREET S-102		13. STREET ADDRESS:	
CITY-STATE-ZIP: MIAMI FL		14. CITY-STATE-ZIP:	
TITLE: SVP	<input type="checkbox"/> DELETE	3. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: BARED, CARLOS E		22. NAME:	
STREET ADDRESS: 7841 NW 56 ST, S-102		23. STREET ADDRESS:	
CITY-STATE-ZIP: MIAMI FL		24. CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	8. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		22. NAME:	
STREET ADDRESS:		23. STREET ADDRESS:	
CITY-STATE-ZIP:		24. CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		42. NAME:	
STREET ADDRESS:		43. STREET ADDRESS:	
CITY-STATE-ZIP:		44. CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		52. NAME:	
STREET ADDRESS:		53. STREET ADDRESS:	
CITY-STATE-ZIP:		54. CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		62. NAME:	
STREET ADDRESS:		63. STREET ADDRESS:	
CITY-STATE-ZIP:		64. CITY-STATE-ZIP:	

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)(a), 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 executor, trustee or partner empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96
599-8600

CR2E034 (12/95)