FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P92000011948 (6)**

1. Corporation Name

MERENGUE AIR SERVICES, CORP.

Principal Place of Business	Mailing Address
3400 NW 62ND AVE BLDG 1009 MIAMI SPRINGS FL 33152 US	~~PO BOX 660047~~ ~~MIAMI SPRINGS FL 33166-0047~~ ~~US~~

3. Date Incorporated or Qualified: **12/15/1992**	3a. Date of Last Report: **05/01/1995**		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **65-0373703**	☐ Applied For ☐ Not Applicable
21	26 3400 Coral Way		
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27 600	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State: 23	City & State: 28 Miami, Florida	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip: 24 / Country: 25	Zip: 29 33145-3053 / Country: 30 U.S.A.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

COHEN, JACOB J
3400 NW 62ND AVE
MIAMI FL 33152

10. Name and Address of New Registered Agent

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and the date of application (NOTE: Registered Agent's signature required when not filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, JACOB J		1.2 NAME	
STREET ADDRESS	9978 COSTA DEL SOL BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178		1.4 CITY-ST-ZIP	
TITLE	DVS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, ANTONIETTA		2.2 NAME	
STREET ADDRESS	9978 COSTA DEL SOL BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-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)(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 on an attachment with an address.

SIGNATURE: _____ _____ 04-24-96 305-446-2055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JACOB J. COHEN PRES ANTONIETA RODRIGUEZ - VICE-PRES

CR2E034 (12/95)