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Jun 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
BLOG 1009
MIAMI SPRINGS FL 33152
US

3400 CORAL WAY
600
MIAMI FL 33166-0847
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1992

4. FEI Number

65-0373703

5. Certificate of Status Desired

\$8.75
Fee R

6. Election Campaign Finance
Trust Fund Contribution

\$5.00
A A

8. This corporation or
Personal Property

or has paid the
due June 30

10. Name and Address of New Representative

ered A

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute, as the registered agent of the corporation.

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 prepare 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

Signature, typed or printed name of registered agent and fee filer

(NOTE: Fee filer must sign)

Registered Agent signature

reinstating

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT

NAME COHEN, JACOB J
STREET ADDRESS 9978 COSTA DEL SOL BLVD
CITY-ST-ZIP MIAMI FL 33178

TITLE VD

NAME RODRIGUEZ, ANTONIETTA
STREET ADDRESS 9978 COSTA DEL SOL BLVD
CITY-ST-ZIP MIAMI FL

TITLE DS

NAME RODRIGUES, LILLIAN
STREET ADDRESS 9978 COSTA DEL SOL BLVD
CITY-ST-ZIP MIAMI FL

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 NAME

1.2 STREET ADDRESS

1.3 CITY-ST-ZIP

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600002543566
-06/02/98-01017-050
***150.00

6/1

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 prepare 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

COHEN, JACOB J

COHEN, JACOB J

4-30-98

CR2E034 (10/97)