FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

APPROVED
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1998 FEB 20 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT

~~1997~~ 1998

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

DOCUMENT # P93000021175

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-02/25/98--01097--008
***1358.75 ***1358.75

1. Corporation Name
DEV-AIR SERVICES, INC.

Principal Place of Business
3915 ST. Lucie Blvd.
St. Lucie Cty. Int'l. Airport
Ft. Pierce, FL. 34946

Mailing Address

3. Date Incorporated or Qualified: 3-22-93
3a. Date of Last Report:

2. Principal Place of Business
21: 3915 ST. Lucie Blvd
Suite, Apt. #, etc.
22: St. Lucie Cty. Int'l Airport
City & State
23: Ft. Pierce, FL
Zip
24: 34946
Country
25: USA

2a. Mailing Address
26: 6287 NW 44 STREET
Suite, Apt. #, etc.
27:
City & State
28: Coral Springs, FL.
Zip
29: 33067
Country
30: USA

4. FEI Number: 65-0395771 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

GARRY NELSON
801 BRICKELL AVE, 9th FL.
Miami, FL. 33131

10. Name and Address of New Registered Agent

01 Name: DEVAIR RIBEIRO
02 Street Address (P.O. Box Number is Not Acceptable)
03: 6287 NW 44 STREET
04 City: CORAL SPRINGS FL 05 Zip Code: 33067

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: D. DeVair RiBeiro - DEVAIR RIBEIRO, PRES 2-12-98
(Signature, typed or printed name of registered agent and title if applicable) (If filed ... registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	D, P	☒ Change ☐ Addition
NAME	DEVAIR RIBEIRO		12 NAME	DEVAIR RIBEIRO	
STREET ADDRESS	861 SW 13 COURT		13 STREET ADDRESS	6287 NW 44 STREET	
CITY-ST-ZIP	Pompano Beach, FL. 33060-8901		14 CITY-ST-ZIP	Coral Springs, FL. 33067	
TITLE	D	☐ DELETE	21 TITLE	D	☒ Change ☐ Addition
NAME	ELIANE N. RIBEIRO		22 NAME	ELIANE N. RIBEIRO	
STREET ADDRESS	861 SW 13 COURT		23 STREET ADDRESS	6287 NW 44 STREET	
CITY-ST-ZIP	Pompano Beach, FL. 33060-8901		24 CITY-ST-ZIP	Coral Springs, FL. 33067	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME	REINSTATEMENT 94-98 2/20/98	
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 on an attachment with an address.

SIGNATURE: D. DeVair RiBeiro 2-12-98 (954) 325-0708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)