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

PROFIT CORPORATION ANNUAL REPORT

1992



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED
Feb 18 1998 8:00am
Secretary of State

	1000					
	MENT # P93(ONY AIR, INC.	000022357 (6)			
Dringing I Diag	a at Disala as	B d = 90 - a · A al al			{	
Principal Place of Business Mailing Address						
18375 S.W. 216TH ST 18375 S.W. 216TH ST						
MIAMI FL 33170 MIAMI FL 33170 US					DO NOT WRITE IN THI	S SPACE
		65			3. Date Incorporated or Qualified	
					03/20/1993	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					65-0402743	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
22 27					5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23		28	• • • • • • • • • • • • • • • • • • • •		Trust Fund Contribution	Added to Fees
Zip	Country	Zip			8. This corporation owes or has paid the o	
24	25	29	30	-	Personal Property Tax due June 30.	Yes Zino
- 	9. Name and Address of C		1001		10. Name and Address of New Registere	
DA	AVIS, RONALD			81 Name		
	1375 S.W. 216TH ST.					
MIAMI FL 33170				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33170				83		
				84 City	F	85 Zip Code
11 Durouppt	to the provisions of Sections 60	7 0500 and 607 1500 Florida 6	tatutoo tho	have named ass		
office or r	registered agent, or both, in the	State of Florida. Such change v	vas authorize	ad by the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	or changing its registered
agent. I a	m familiar with, and accept the	obligations of, Section 607.050	5, Florida Sta	itutes.		
SIGNATURE	Signature, typed or printed name of register		MAZE B. I.	ed Agent signature requ	ired when reinstating) DATE	
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		7.5511101107011111020110 11110211071	☐ Change ☐ Addition
NAME	DAVIS, RONALD			IAME		
STREET ADDRESS	18375 S.W. 216 ST.			STREET ADDRESS		;
CITY-ST-ZIP	MIAMI FL 33170					
TITLE	- THE STATE COLUMN	DELETE		CITY-ST-ZIP		Change Addition
NAME		_ otten				C pligningo C Hodgiton
i			9	IAME		
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP TITLE	- -	DELETE		CITY-ST-ZIP		Change
NAME						Ci cutado Ci vocition
				IAME		
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP		☐ DELETE		CITY-ST-ZIP		Change 4 deliti-
TITLE		ריי מנונגונ				Change Addition
NAME				NAME		
STREET ADDRESS			1	TREET ADDRESS		
CITY-ST-ZIP		DELETE		ITY-ST-ZIP		Change Laurer
TITLE		LJ DELEIE				☐ Change ☐ Addition
NAME			5.2 N			
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP				ITY-ST-ZIP		
TITLE		DELETE	1			☐ Change ☐ Addition
NAME			6.2 N	IAME		
STREET ADDRESS			6.3 S	TREET ADDRESS		
CITY-ST-ZIP				ATY-ST-ZIP		
14. I hereby o	certify that the information suppli	ied with this filing does not qua	ify for the ex	emption stated in	Section 119.07(3)(i), Florida Statutes, I further	certify that the information

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 on an attachment with an address.

CICALATURE.

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