

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP -9 AM 9:32

DOCUMENT # P93000029733 (1)

1. Corporation Name

AIR ADVENTURES INC.

Principal Place of Business

Mailing Address

14532 SOUTHWEST 129 STREET
MIAMI FL 33187
US

16855 SOUTHWEST 172 AVENUE
MIAMI FL 33187
US



BR 9/16/96

3. Date Incorporated or Qualified 04/23/1993
3a. Date of Last Report 06/16/1995

4. FEI Number 65-0430329
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIGGS, SUSAN MARY
16855 SOUTHWEST 172 AVENUE
MIAMI FL 33187

81 Name CHARLES A. RIGGS

82 Street Address (P.O. Box Number is Not Acceptable) 16855 SW 172 AV

83

84 City MIAMI

FL

85 Zip Code 33187

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

Charles A. Riggs

8-1-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME RIGGS, CHARLES A.
STREET ADDRESS 16855 SOUTHWEST 172 AVENUE
CITY-ST-ZIP MIAMI FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

9000001951149
-03/19/96--01012--020
***225.00 ***225.00

TITLE ST
NAME RIGGS, SUSAN M.
STREET ADDRESS 16844 SOUTHWEST 172 AVENUE
CITY-ST-ZIP MIAMI FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles A. Riggs PRES.

7-16-96

305-254-9144