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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000060093

AIRMAR GLOBAL INTERNATIONAL, INC.

	·								
Principal Place of Business Mailing Address									
5126 SOUTH STATE ROAD 7 FT LAUDERDALE FL 33314 US		5126 SOUTH STATE ROAD 7 FT LAUDERDALE FL 33314 US				DO NOT WRITE IN THIS SPACE			
00							3. Date Incorporated or Qualifed 08/23/1993		
2. Principal Place of Business 2a. Mailing A			Address				4. FEI Number		Applied For
21		26					65-0432398		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	5. Certificate of Status Desired	7	Additional Required	
- City & Stat	e	City & State					6. Election Campaign Financing	\$5.0	May Be
23	_	28					Trust Fund Contribution		d to Fees
Zip	. Country	Zip	Cou	ntry			8. This corporation owes the current year	Intangible	
24	25	29	30				Personal Property Tax.	∑ Yes	□No
	9. Name and Address of Currer	nt Registered Agent					10. Name and Address of New Register	ed Agent	
			,	81	Name	1			
IND/ 7551			82	Stree	Street Address (P.O. Box Number is Not Acceptable)				
HOL	LYWOOD FL 33024			83					
								05 7	p Code
				84	City		F	EL 85 Zi	Code
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a tions of, Section 607.0505, Flo	orida Stati	ites.	ane con	ooranoi	ration submits this statement for the purpose i's board of directors. I hereby accept the ap	pointment as	registered
	Signature, typed or printed name of registered age		- -	Agent	signature	required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIDECT	TOPS IN 12
12.		ID DIRECTORS	13.			_	ADDITIONS/CHANGES TO OFFICERS	Change	
TITLE	P	☐ DELETE	1,1 TIT			1			
NAME	INDACOCHEA, ANDRESA			1.2 NAME					
STREET ADDRESS	7001 CALMOON OF			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
CITY-ST-ZIP	The state of the s				·ZIP	+		Chang	e Addition
TITLE	S DELETE 2.11							و، ۱۹۰۰ ک	
NAME	INDACOCHEA, GERMAINE								
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NAME			3.2 NA						1
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NAME					ADDRESS	3			,
STREET ADDRESS			5.4 CI						
CITY-ST-ZIP		☐ DELETE	6.1 TT		- 411	-		Chang	e
TITLE		- Dereit	6.2 NA						_
NAME					ADDRESS	3	•		
STORET ADDRESS			0.00	/		- 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE