

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000060619 (2)**

1. Corporation Name  
**SEAIR WAREHOUSING, INC.**



Principal Place of Business: **9108 NW 105 WAY MEDLEY FL 33178 US**  
Mailing Address: **9108 NW 105 WAY MEDLEY FL 33178 US**

3. Date Incorporated or Qualified: **08/30/1993**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0536328**  
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 (21-24)  
2a. Mailing Address (25-28)  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Suite, Apt. #, etc.  
26. City & State  
27. Zip  
28. Country  
29. Zip  
30. Country

9. Name and Address of Current Registered Agent  
**VELEZ, ERWIN A  
9108 NW 105 WAY  
SUITE 206  
MEDLEY FL 33178**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1536, 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent (if applicable) (NOTE: Registered Agent signature required for registration)

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	VELEZ, ERWIN A	
STREET ADDRESS	9108 NW 105 WAY	
CITY-ST-ZIP	MEDLEY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TAWIL, NICHOL	
STREET ADDRESS	9108 NW 105 WAY	
CITY-ST-ZIP	MEDLEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	Nicolas Watkins	
13. STREET ADDRESS	501 Brickell Key Drive, Suite 504	
14. CITY-ST-ZIP	Miami, FL 33131	
21. TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	TAWIL, NICHOLAS I	
23. STREET ADDRESS	9108 NW 105 WAY	
24. CITY-ST-ZIP	Medley FL 33178	
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

14. I do hereby certify that the information submitted 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable, on an attachment with an address:

SIGNATURE: *N. Watkins* DATE: **6/7/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (305) 377-1274

CR2E034 (12/95)