

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra S. Mortham
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 33178-1222
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified
08/30/1993

3a. Date of Last Report
06/20/1996

4. FEI Number
65-0536328

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

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

FL

85 Zip Code

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

Signature of type of printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S
NAME WATKINS, NICOLAS J
STREET ADDRESS 501 BRICKELL KEY DR SUITE 504
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE PD
NAME TAWIL, NICHOLAS
STREET ADDRESS 9108 NW 105 WAY
CITY-ST-ZIP MEDLEY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE GMVD
1.2 NAME VELEZ, ERWIN
1.3 STREET ADDRESS 9108 NW 105 WAY, Suite 206
1.4 CITY-ST-ZIP MEDLEY, FL 33178

☐ Change ☒ Addition

2.1 TITLE S
2.2 NAME WATKINS, NICOLAS J.
2.3 STREET ADDRESS 501 Brickell Key Dr., Suite 504
2.4 CITY-ST-ZIP Miami, FL 33131

☒ Change ☐ Addition

3.1 TITLE PD
3.2 NAME Tawil, Nicholas I.
3.3 STREET ADDRESS 9108 NW 105 Way, Suite 206
3.4 CITY-ST-ZIP Medley, FL 33178

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

N. J. Watkins : N. J. Watkins 4/3/97 (305) 377-1274