

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. 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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1993

4. FEI Number

65-0536328

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 10480 NW South River

Suite, Apt. #, etc.

22 Drive

City & State

23 MEDLEY, FL.

Zip

24 33178

Country

25 USA

2a. Mailing Address

26 10480 NW South River

Suite, Apt. #, etc.

27 Drive

City & State

28 MEDLEY, FL

Zip

29 33178

Country

30 USA

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

ERWIN VELEZ

82 Street Address (P.O. Box Number is Not Acceptable)

10480 NW SOUTH RIVER DRIVE

83

1

84

City MEDLEY

FL

85 Zip Code

33178

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE

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

TITLE PD ☐ DELETE

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

TITLE GMVD ☐ DELETE

NAME VELEZ, ERWIN
STREET ADDRESS 9108 NW 105 WAY, STE 206
CITY-ST-ZIP MEDLEY FL

TITLE S ☒ DELETE

NAME WAKINGS, NICOLAS J
STREET ADDRESS 501 BRICKELL KEY DR, STE 504
CITY-ST-ZIP MIAMI FL

TITLE PD ☒ DELETE

NAME TAWIL, NCHOLAS I
STREET ADDRESS 9108 NW 105 WAY, SATE 206
CITY-ST-ZIP MEDLEY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 supplementary 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.

SIGNATURE:

01/14/98

(35)882-1788

CR2E034 (10/97)