

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

**FILED**  
**Feb 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # <b>P93000060619 (2)</b> 1. Corporation Name <b>SEAIR WAREHOUSING, INC.</b>



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>9108 NW 105 WAY                  MEDLEY FL 33178                  US</b>		Mailing Address <b>9108 NW 105 WAY                  MEDLEY FL 33178                  US</b>	
2. Principal Place of Business 21 <b>10480 NW South River</b> Suite, Apt. #, etc. 22 <b>Drwe</b> City & State 23 <b>MEDLEY, FL.</b> Zip 24 <b>33178</b>	2a. Mailing Address 26 <b>10480 NW South River</b> Suite, Apt. #, etc. 27 <b>Drwe</b> City & State 28 <b>MEDLEY, FL</b> Zip 29 <b>33178</b>	3. Date Incorporated or Qualified <b>08/30/1993</b>	4. FEI Number <b>65-0536328</b>
25 <b>USA</b>	30 <b>USA</b>	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>VELEZ, ERWIN A                  9108 NW 105 WAY                  SUITE 206                  MEDLEY FL 33178</b>	10. Name and Address of New Registered Agent 81 Name <b>ERWIN VELEZ</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>10480 NW SOUTH RIVER DRIVE</b> 83 <b>1</b> 84 City <b>MEDLEY</b> <b>FL</b> 85 Zip Code <b>33178</b>
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATKINS, NICOLAS J</b>	1.2 NAME	
STREET ADDRESS	<b>501 BRICKELL KEY DR SUITE 504</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAWIL, NICHOLAS</b>	2.2 NAME	<b>TAWIL, NICHOLAS</b>
STREET ADDRESS	<b>9108 NW 105 WAY</b>	2.3 STREET ADDRESS	<b>10480 NW SOUTH RIVER DRIVE</b>
CITY-ST-ZIP	<b>MEDLEY FL</b>	2.4 CITY-ST-ZIP	<b>MEDLEY, FL. 33178</b>
TITLE	<b>GMVD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>GMVD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VELEZ, ERWIN</b>	3.2 NAME	<b>VELEZ, ERWIN</b>
STREET ADDRESS	<b>9108 NW 105 WAY, STE 206</b>	3.3 STREET ADDRESS	<b>10480 NW SOUTH RIVER DRIVE</b>
CITY-ST-ZIP	<b>MEDLEY FL</b>	3.4 CITY-ST-ZIP	<b>MEDLEY, FL. 33178</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAKINGS, NICOLAS J</b>	4.2 NAME	
STREET ADDRESS	<b>501 BRICKELL KEY DR, STE 504</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAWIL, NCHOLAS I</b>	5.2 NAME	
STREET ADDRESS	<b>9108 NW 105 WAY, SATE 206</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEDLEY FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_ (Signature, typed or printed name of signing officer or director) Date: **01/14/98** **(335)882-1788**

CR2E034 (10/97)