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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUM 1. Corporation N	MENT # P9300 AIRLINE SERVICES MAN	OO64493 (8 AGEMENT CORPORA	•			BANK BANK BISK BIAN BIAN TIBIR IKIR BIN KADI	
Principal Place of Business 815 N.W. 57TH AVE SUITE 401 MIAMI FL 33126 US		Mailing Address P.O. BOX 526761 SUITE BOS	P.O. BOX 526761				
					 Date incorporated or Qualified 09/16/1993 	3a. Date of Last Report 04/28/1995	
2. Principa! Place of Business 2a. Ma		2a. Mailing Address	Mailing Address		4. FEI Number	Applied For	
21 26			Suite. Apt. #, etc.		65-0437083	Not Applicable \$8.75 Additional	
Suite, Apt. #,	, etc.	27 Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required	
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip 29	Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No		
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Ro	egistered Agent	
			8	'			
MIRMELLI, STEWART E 930 WASHINGTON AVE., 3RD FL. SUITE 805 MIAM! BEACH FL 33139			82	Street Addi	eet Address (P.O. Box Number is Not Acceptable)		
			8	3			
			8	1 City	■■ 85 Zip Code		
				'		FL	
11. Pursuant to or registere familiar with	o the provisions of Sections 607.050 of agent, or both, in the State of Flor n, and accept the obligations of, Sec	2 and 607.1508, Florida Statu ida: Such change was author ition 607.0505, Florida Statute	ites, the above ized by the cor es.	-named corpoi poration's boa	ation submits this statement for the pur rd of directors. I hereby accept the appo	oose of changing its registered unice pintment as registered agent. I am	
SIGNATURE	signature, typicd or printed name of registered ager	d and the it a pear able.	NOTE: Registered Ag	ant somature realise	d when renstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
TITLE	DPS	DELETE	1, 1 111.1			Change 🔲 Addition	
NAME	BOLLINGER, JEAN MARC		1.2 NAM				
STREET ACCRESS	815 N.W. 57TH AVE., SUITE	401		ET ADORESS			
CITY-ST-ZIP	MIAMI FL	DELETE	1.4 CITY 2 1 TiTL			Change Addition	
TITLE			2 2 NAM	1			
NAME STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			2.4 CHY				
TITLE		DELETE	3. 1 7171			Change Addition	
NAMÉ			3 2 NAM	Ę.		,	
STREET AUDRESS			3.3 STR	FET ADDRESS			
CITY-SI-ZIP			3 4 Cily	-\$1-7IP			
TITLE		DELETE	4. 1 Tife			Change Addition	
NAME			4.2 NAM	1			
STREET ADDRESS				TET ADDRESS			
CITY-ST-ZIP		DELETE		· \$1 · 712	2000018	4 ⊃ = Charge ☐ Addition	
TITLE		f") ntrric	5. 1 TH 5.2 NAM	`	3000018: -05/09/96010	110025	
NAME CAREET APPRICE				ET ADORESS	***280.00	rau umu	
STREET ADDRESS				-ST-ZIP		<u> </u>	
CITY-ST-ZIP TITLE		DELETE	6.1 TrTL			Change , dddion	
NAME		hannel .	6.2 NAM			C-11-10	
STREET ADDRESS			63 STRI	EFT ADDRESS) 1,50	
CITY-ST-7IP			6.4 City	-ST-ZIP		\F	

14. I do hereby certify that the information supplied with this fing is voluntarily furn shed 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 logal effect as if made under oats; that I am an officer or director of the corporation or the rocever or trustee en powered 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:

TEAN-MARC BOLLINGER 04/26/96

Date OF PRINTED ARMS OF SIGNING OFFICER OR DIRECTOR

(305) 2656769 Daytme Phone #