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

PROFIT
CORPORATION
ANNUAL REPORT
1998

I hereby certify that the information indicated on this annual report of officer or director of the corporation Block 12 or Block 13 if changes.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 06 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000076236 (7)

SOUTH	H FLORIDA AIR PAF	RTS CORP.	,			
Principal Place of Business Mailing Address					- F Chairmer ald Infan Hills andii naili naili	I BEANT IN BUR MILLER ALDER HALFE BOYN LOCAL
7385 NW 54 ST 7385 NW 54 ST MIAMI FL 33166 US					DO NOT WRITE IN THIS SPACE	
03		05			3. Date Incorporated or Qualified	TO THE CONTROL
					10/28/1993	
2. Principal Place of Business 2e. Mailing Address					4. FEI Number	Applied For
21		26	26		65-0449274	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			b. Certificate of Status Desired	Fee Required
City & Stat	te	City & State	_ '		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Countr	ry	8. This corporation owes or has paid	·
24	25	29 29 s of Current Registered Agent	30	· · · · · · · · · · · · · · · · · · ·	Personal Property Tax due June 3 10. Name and Address of New Reg	
		S OF CORRECT REGISTERS AGENT	81	1 Name	IV. Hallie allo Address of New Neg	istalan Wallit
LAGE, GLADYS						
6257 SW 11 ST			82	2 Street Add	ress (P.O. Box Number is Not Acceptable	∍)
1VII.	AMI FL 33144		83	3		
			84	City		FL 85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE					poration submits this statement for the pution's board of directors. I hereby accept	
-40				gent signature regul	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
12.	PSTD	FICERS AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	ORTEGA, NANCY L		1.2 NAME			Criange Addition
STREET ADDRESS	6257 SW 11 ST.	•		ET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144		1.4 CITY -			
TITLE	WINTER COURT	DELETE	2.1 TITLE	31-21	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME		-	2.2 NAME			_
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			2. 4 CITY-			
TITLE	<u></u>	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-	-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP		/	6.4 City	ST-ZIP		

I supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statuted. I further certify that the information supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an on or title receiver or frustee improvement to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in