

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

FILED  
Mar 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000086030 (2)

1. Corporation Name  
AIR ANGLES, INC.

Principal Place of Business  
341 S. BISCAYNE RIVER DR.  
MIAMI FL 33169

Mailing Address  
341 S. BISCAYNE RIVER DR.  
MIAMI FL 33169



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 413 BROOKHAVEN TRAIL Suite, Apt. #, etc.		2a. Mailing Address 26 413 BROOKHAVEN TRAIL Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/13/1993	
22 City & State 23 SMYRNA, TN		27 City & State 28 SMYRNA, TN		4. FEI Number 65-0452593	
24 Zip 37167		29 Zip 37167		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country USA		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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 ARANGO, ADOLFO 341 S. BISCAYNE RIVER DR. MIAMI FL 33169				10. Name and Address of New Registered Agent 81 Name LEE F. EMERSON 82 Street Address (P.O. Box Number is Not Acceptable) ROUTE 3, BOX 4570 83 84 City FORT WHITE FL 85 Zip Code 32038			
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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 Lee F. Emerson Lee F. Emerson 3/15/98  
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	D	<input type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARANGO, ADOLFO			1.2 NAME	ARANGO, ADOLFO		
STREET ADDRESS	341 S. BISCAYNE RIVER DR.			1.3 STREET ADDRESS	413 BROOKHAVEN TRAIL		
CITY-ST-ZIP	MIAMI FL 33169			1.4 CITY-ST-ZIP	SMYRNA TN 37167		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARANGO, JANICE A			2.2 NAME	ARANGO, JANICE A		
STREET ADDRESS	341 S. BISCAYNE RIVER DR.			2.3 STREET ADDRESS	413 BROOKHAVEN TRAIL		
CITY-ST-ZIP	MIAMI FL 33169			2.4 CITY-ST-ZIP	SMYRNA, TN 37167		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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 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 if changed, or on an attachment with an address.

SIGNATURE: A. Arango ADOLFO ARANGO. FEB. 25, 1998 615/355-4596

CR2E034 (10/97)