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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENI# P940 (13906 (1	2)				
FLOA	ATLINE, INC.							
Principal Place of Business Mailing			ng Address				TIIK OOMA OOHK BOYGE MIND	
2270 N.W. 87 TERRACE			P.O. BOX 840509					
#216			#216 PEMBROKE PINES FL 33084 US					
PEMBROKE PINES FL 33024 US						3. Date incorporated or Qualified	3a. Date of Last F	Report
	7.741.764					01/18/1994	06/28/	1995
2. Principal Place of Business 2a 26			Mailing Address			4. FEI Number		Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc			65-0471792 Not Applicable 5 Continue of Status Present S. \$8.75 Additional		
22 27						5. Certificate of Status Desired	1 1	Required
City & State			City & State		6. Election Campaign Financing	_ \$5.0	00 May Be	
23 Zip	Country	28				Trust Fund Contribution		ed to Fees
24	Country 25	29 Zı	ρ	Country 30		8. This corporation has liability for Florida Statutes [7] Yes	intangible tax under s :	199.032,
	9. Name and Address of Current		ed Agent			10. Name and Address of New F		
			•	81	Name			
MORENO, JOSE			82	Street Addr	ess (P.O. Box Number is Not Acceptab	ole)		
2270 N.W. 87 TERRACE			83					
#216 PEMBROKE PINES FL 33024				63				
FEMONORE FINES PE 33024			84	City		FL 85 Z	'ıp Code	
11. Pursuant t	o the provisions of Sections 607.0502	and 607.15	508, Florida Statute	as The above r	amed corpor	abon submits this statement for the pur	roose of changing ite	registered office
i or registere	ed agent, or both, in the State of Florid h, and accept the obligations of, Section	la Suct ch	iande was authoriza	63 by the coro	bration's boar	rd of directors. Thereby accept the appr	ontment as registere	dagent Lam
SIGNATURE _								
Signature type for product heads of repetition against at the orange and applicable. OFFICERS AND DIRECTORS				113. ∎	Sept at 10 Herrite.	ADDITIONS/CHANGES TO OFF	CEDS AND DIDECT	ODC IN 19
TITLE	PD		DELETE	1 1 Tiflif		7.55 M. G. 13. 10. 13. 10. 10. 11.	Change	
NAME	MORENO, JOSE M			1.2 NAME				
STREET ADDRESS				1.3 STHEET ADDRESS				
CITY - ST - ZIP	PEMBROKE PINES FL			1.4 CiT∀+ST-ZiP				
TITLE	_		2 1 TITLE			Change	Addition	
NAME OTRECT ADDRESS	GUIDINO, ROMULO L. R		2.2 NAME					
STREET ADDRESS CITY-ST-ZIP				2.3 STREET ADDRESS 2.4 CITY - ST - ZIP				
TifLE			3 171715	1 · ZIP		☐ Change	Add tion	
NAME			_	3.2 NAME			_	
STREET ADDRESS				3.3 STREET	ADDRESS			
City-SI-ZiP				3.4 CiTY - S	I - Z iP			
TIFLE			DELETE	4 1 T TLE			☐ Change	Addition
NAME				4.2 NAME				
STREET ADDRESS				4.3 STHEET	í			
CITY-ST-ZIP TITLE			☐ DELETE	4 4 CITY - S	T · ZIP		Chases	
NAME			Dettile	5 1 TITLE 5 2 NAME			Dhange	Ađdit on
STREET ADDRESS				5.3 S*H&& I	Africess			
CITY-ST-ZIP				5.4 CITY - S	1			
TITLE			DELETE	6 1 TILLE			[] Change	Addition
NAME				6.2 NAME				_
STREET ADDRESS				63 STREET	ADDRESS			
CITY-ST-ZIP	1			64 CHY S	7IP			

14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes in Hurding certify that the information indicated on this armual 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 comporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Riost 14 if manged or on an attrachment with an address

SIGNATURE: ___

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR