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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 9:47

DOCUMENT # P94000012653 (9)

1. Corporation Name
AUTAIR CATERING SUPPLY, INC.

Principal Place of Business	Mailing Address
2699 S. BAYSHORE DR. SUITE 3000 COCONUT GROVE FL 33133	2699 S. BAYSHORE DR. SUITE 3000 COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 7301 NW 34 ST
22: Suite, Apt. #, etc.
23: City & State: MIAMI FL
24: Zip: 33122
25: County: USA

2a. Mailing Address
26: 7301 NW 34 ST
27: Suite, Apt. #, etc.
28: City & State: MIAMI FL
29: Zip: 33122
30: County: USA

4. FEI Number: 65-0472451 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~LEHRMAN, JEFFREY E~~
~~2699 S. BAYSHORE DR~~
~~SUITE 3000~~
~~MIAMI FL 33133~~

10. Name and Address of New Registered Agent

81 Name: LOWENSTEIN, ELLIOT
82 Street Address (P.O. Box Number is Not Acceptable): 2100 SALZEDO STREET
83: SUITE 303
84 City: CORAL GABLES FL 85 Zip Code: 33134-4323

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: Elliot Lowenstein 6/7/95
Signature of (type 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~LEHRMAN, JEFFREY E~~ ~~2699 S. BAYSHORE DR., STE. 3000~~ MIAMI FL 33133	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition DIRECTOR PETER JACKSON LUTON AIRPORT LUTON, ENGLAND
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition PRESIDENT ANGELICA G. DE UMER 7301 NW 34TH STREET MIAMI FL 33122
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition SECRETARY L. PRATHER McKINNON 7301 NW 34TH STREET MIAMI FL 33122
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Angelica G. de Umer 6/6/95 (305) 594-4949
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR — Date — Daytime Phone #
ANGELICA G. DE UMER

0134102 CP