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FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000012653 (9)

1. Corporation Name

AUTAIR CATERING SUPPLY, INC.



Principal Place of Business

2301 NW 34 ST
SUITE 3000
MIAMI FL 33122
US

Mailing Address

7301 NW 34 ST
SUITE 3000
MIAMI FL 33122-1248
US

3. Date Incorporated or Qualified
02/15/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 7301 NW 34 ST

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

65-0472451

Applied For

Not Applicable

22 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

MIAMI FL

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

33122

25 Country

USA

28 Zip

29 Country

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

9. Name and Address of Current Registered Agent

LOWENSTEIN, ELLIOT
2100 SALZEDO STREET
SUITE 303
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME JACKSON, PETER
STREET ADDRESS LUTON AIRPORT
CITY-ST-ZIP LUTON EN

TITLE ☐ DELETE
NAME VP
NAME SANTAMARINA, ALBERT
STREET ADDRESS 7301 NW 34TH STREET
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME S
NAME MCKINNON, L P
STREET ADDRESS 7301 NW 34TH STREET
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 *Debra McKinnon* *Debra McKinnon* *550 11-22-97* *(805)* *550 11-22-97*

CR2E034 (9/96)