

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000015567

1. Corporation Name

AIR ASSIST INTERNATIONAL INC.

Principal Place of Business

5553 NW 36TH ST.
STE. C
MIAMI FL 33166

Mailing Address

P.O. BOX 330525
MIAMI FL 33233

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90067 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1994

4. FEI Number

65-0465549

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3030 SW 28th St

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33133

Country

Zip

29 33133

Country

30

9. Name and Address of Current Registered Agent

KEISTER, MICHAEL
1000 NW NORTH RIVER DR. UNIT 113
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name KEISTER MICHAEL

82 Street Address (P.O. Box Number is Not Acceptable)
3030 SW 28th St

83

84 City MIAMI FL

85 Zip Code 33133

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 MICHAEL KEISTER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS
NAME KEISTER, MICHAEL
STREET ADDRESS 1000 NW N RIVER DR. UNIT 113
CITY-ST-ZIP MIAMI FL 33233

TITLE VP
NAME KEISTER, DONALD W
STREET ADDRESS 1000 NW N RIVER DR. UNIT 113
CITY-ST-ZIP MIAMI FL 33233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS
1.2 NAME KEISTER MICHAEL
1.3 STREET ADDRESS 3030 SW 28th St
1.4 CITY-ST-ZIP MIAMI FL 33133

2.1 TITLE VP
2.2 NAME KEISTER DONALD W
2.3 STREET ADDRESS 3030 SW 28th St
2.4 CITY-ST-ZIP MIAMI FL 33133

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: MICHAEL KEISTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 305 871-8484

Date

Daytime Phone #

CR2E034 (1/98)