

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR -4 PM 11:24**

**DOCUMENT # P94000031567 (8)**

1. Corporation Name

**BIC-AIR, INC.**

Principal Place of Business

**8370 W. FLAGLER ST.  
SUITE 252  
MIAMI FL 33144**

Mailing Address

**8370 W. FLAGLER ST.  
SUITE 252  
MIAMI FL 33144**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/26/1994**

3a. Date of Last Report

2. Principal Place of Business

**2110 Island Dr**

2a. Mailing Address

**2110 Island Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miramar FL**

City & State

**Miramar FL**

Zip

**33023**

Country

**Broward**

Zip

**33023**

Country

**Broward**

9. Name and Address of Current Registered Agent

**DALE, JERRY M  
8370 W. FLAGLER ST.  
SUITE 252  
MIAMI FL 33144**

10. Name and Address of New Registered Agent

**81 Name JACQUES RAISSIGUIER  
82 Street Address (P.O. Box Number is Not Acceptable)  
2110 Island Dr  
83  
84 City Miramar FL 85 Zip Code 33023**

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

**JACQUES RAISSIGUIER**

**03/19/95**

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

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

**TITLE D  
NAME GALLINA-RAISSIGUIER, PAMELA  
STREET ADDRESS 2110 ISLAND DRIVE  
CITY - ST - ZIP MIRAMAR FL 33023**

**TITLE D  
NAME RAISSIGUIER, JACQUES  
STREET ADDRESS 2110 ISLAND DRIVE  
CITY - ST - ZIP MIRAMAR FL 33023**

**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 ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 a heading.

SIGNATURE:

**Pamela Gallina-Raissy (Pens)**

**3-28-95**

**305-989-2583**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

**March 14, 1995**

**BIC-AIR, INC.**  
**2110 ISLAND DRIVE**  
**MIRAMAR, FL 33023**

**SUBJECT: BIC-AIR, INC.**  
**Ref. Number: P94000031567**

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

The new registered agent must sign in block 11.

An officer or director listed in block 12, block 13 or on an attachment must sign the report in block 14.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

**Martha White**  
**ANNUAL\_REPORTS Section**

Letter number: 195A00011330