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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 09 1998 8:00am Secretary of State

1. Corporation	MEN I # P94 N AIR, INC.	1000040220 (3	3)				
Principal Place of Business Mailing Address					- A THEOLOGICAL TIME SHEET MENTER METER MENTER MENT	ind marth lenin tible ande ion:	
1963-65 SEVE	NTY-FIRST ST	1963-65 SEVENTY-FIE	1963-65 SEVENTY-FIRST ST				
MIAMI BEACH			MIAMI BEACH FL 33141				
					DO NOT WRITE IN THIS	3 SPACE	
					3. Date Incorporated or Qualified 06/01/1994		
2. Principal Place of Business 2e. Mailing Address					4. FEI Number	Applied For	
21		├─ ┐ ਁ	26		65-0496320	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional	
27					5. Certificate of Status Desired	Fee Required	
City & State City & Sta					6. Election Campaign Financing	\$5.00 May Be	
23		28	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the c	urrent year Intangible	
24	25	29	30		Personal Property Tax due June 30.	Yes No	
	9. Name and Address o	f Current Registered Agent			10. Name and Address of New Registered	d Agent	
FRI	EDLANDER & ASSOCIAT	ES, P.A.	81	Name			
ONE SE THIRD AVE			82	Street Adds	Address (P.O. Box Number is Not Acceptable)		
SU	TE 1101			Oli Oct Pidol	1000 (F.O. DOX 140HIDDI 10 140(F1000ptable)		
MLA	MI FL 33131		83				
			84	015		lant Tirora	
				City	Fi	85 Zip Code	
11. Pursuant I office or re agent. I as	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept to	607.0502 and 607.1508, Florida St he State of Florida. Such change w he obligations of, Section 607.0505	latutes, the above vas authorized by 5, Florida Statutes	-named corp the corporat 3.	poration submits this statement for the purpose lion's board of directors. I hereby accept the ap	of changing its registered appointment as registered	
	Signature, typed or printed name of reg		(NO16: Registered Age	ni signature requir			
12.	OFFIC	ERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE			1.1 TITLE			☐ Change ☐ Addition	
NAME	* * * * * * * * * * * * * * * * * * * *		1.2 NAME				
STREET ADDRESS	ANALY DEACHE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY - S	T-ZIP			
TITLE	8	DELETE	2.1 T€TL€			Change Addition	
NAME	CHANIN, CAROL		2.2 NAME		,		
STREET ADDRESS 1963-65 71 ST			2.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL		2. 4 CITY - ST - ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS	5] 335		3.3 STREET	ADDRESS			
CITY-ST-ZIP	 		3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADORESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		DELETE	5.1 TITLE			Change	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
C/TY-ST-Z#P			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
City-St-ZiP			6.4 CITY-\$1				
14. I hereby c	ertify that the information sur	pplied with this filing does not quali	ify for the exempt	tion stated in	Section 119.07(3)(i), Florida Statutes. I further of	certify that the information	

supplement 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 on or no receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: