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

PROFIT * CORPORATION ANNUAL REPORT



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

1996

DUCUMENT#	P94000047083	เช
1. Corporation Name		•

AUTAIR CUSTOMS HOUSE BROKERS, INC.



Principal Place of Business Maling Address					F YMDERBON SID SOUND DEBYL DORLD DORLD BEINI DONE GEON I DEBNY BOYDE I GEODE HIN I DON					
7301 NW 34 STREET MIAMI FL 33122 US		7301 NW 34 STREET Miami FL 33122 US								
						06/23/1994 05			of Last Report 5/01/1995	
2. Principal Place	ce of Business	2a. Mailing Address					4. FEI Number 65-0584457		\longrightarrow	Applied For Not Applicable
Suite, Apt. #	. etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	П		5 Additional
22		27						<u> </u>		Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees			
Ζφ	Country	Zip	Co.	untry			8. This corporation has liability for	ntangible t		
24	25	29	30				Florida Statutes 🔲 Yes			
	9. Name and Address of Current	Registered Agent					10. Name and Address of New F	egistered	Agent	
				81	Nar	าเอ				
	NSTEIN, ELIOT			82	Stre	et Addres	s (P.O. Box Number is Not Acceptab	e)		
SUITE	ALZEDO STREET			83						
	. Gables fl 33134									
COIDE	CARDEEO I E 00 104			84	City	1	·	FL	85 Z	p Code
11. Pursuant to	the provisions of Sections 607.0502 a	ng 607.1508, Florida Statut	es, the abo	ul	name	d corporat	on submits this statement for the pur	ooco ot ob	anging its	registered office
or registere	ed agent, or both, in the State of Florida i, and accept the obligations of, Section	i Such change was authoriz	ea by the	corpe	oratio	in's board	of directors. I hereby accept the appr	pintment a	registered	Jagent. Lam
SIGNATURE _										
12.	Squar in the proposition in a charge developed a per training of the OFFICERS AND		Ht. Righter. ■ 13.	i A _s per-	ે કહ્યું તે	ine for cones w	ADDITIONS OF TO OFF	DATE.	DIDEOT	550 111 40
TIFLE	D	DELETE	1 1 3	 TITLE			ADDITIONS/CHANGES TO OFF		□ Change	Addition
NAME	JACKSON, PETER	-		AME		1			one ige	
STREET ADDRESS	7301 NW 34 STREET				ADORE	SS				
C(TY-ST-Z(P	MIAMI FL 33122		1.4 0	:ITY - \$	T- ZIP					ļ
TifLE	•			2 1 TOTLE					Change	Addition
NAMÉ	GORYUP DE UMER, ANGELI	CA	2.2 N	IAME						
STREET ADDRESS	7301 NW 34 STREET				ADDRE	SS				
CITY-ST-ZIP TITEE	MIAMI FL 33122 S	☐ DELETE	3 1 1	11Y - S	II - ZIP				Change	Addition
NAME	MCKINNON, PRATHER L.			AME	-	ł			Griange	Madition:
STREET ADDRESS	7301 NW 34 STREET				FACOA	FSS				
CITY-ST-ZIP	MIAMI FL 33122		340	HTY - S	1 - ZIP		20000183	115	32	
TITLE	T	☐ DELETE	4 1 1	TITLE			-05/21/96010	370	3 Change	Addition
NAME	WHITAKER, PAUL STUART		4 2 N	IAME			***200.00	_	-	
STREET ADDRESS	7301 NW 34 STREET MIAMI FL 33122				ADDRE	\$5				
CITY-ST-ZIP THILE	V	DELETE	44C 5.11	ITY - S	7 - 7iP				Change	Addition
NAME	Cabrera, Elia R	[] DECEM	52 N	•				_	briange	☐ WORROUT
STREET ADDRESS	7301 NW 34 STREET				ADDRE	SS		$\mathcal{U}_{\mathcal{L}}$		
CITY-ST ZP	MIAMI FL 33122			ITY-S			•	<u>~</u>		
TITLE		DELETE	6 1 1				~	%	Change	Addition
NAME			6 2 N	AME		1	12	``		
STREET ADDRESS			63S	IREET	ADDRE	SS	β .	•		
C'TY-ST-ZP			64C	Tr S	T ZIP					

14. Too 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)(k). 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 cath; 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 3 if changed, or on an attachment with an address.

SIGNATURE:

L. PRATHER MCKINNON 4/24/96 (305) 594–494

SIGNATURE:

Day to Provide the composition of the corporation of 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 12 or Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

L. PRATHER MCKINNON 4/24/96 (305) 594–494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 594-4949

CR2E034 (12/95)