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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000047083 (8)

AUTAIR CUSTOMS HOUSE BROKERS, INC.

Principal Place of Business Mailing Address 7301 NW 34 STREET 7301 NW 34 STREET

US	US			
				0a. Date of Last Report 05/01/1996
2. Principal Place of Business	2a. Mailing Address 26		4, FEI Number 65-0584457	Applied For Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	29 30	ountry	8. This corporation has liability for intar Florida Statutes	ngible tax under s. 199.032, es \tag{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tiny{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tiny{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tikitext{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\tex{\text{\texit{\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi}\text{\text{\texi{\text{\texi}\texit{\texi{\texi{\texi{\texi}
Name and Address of Current	nt Registered Agent		10, Name and Address of New Registe	ered Agent
LOWENSTEIN, ELIOT		81 Name		
2100 SALZEDO STREET SUITE 303		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134		83		
		B4 City		FL 85 Zip Code
 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig 	: of Florida. Such change was authori:	zed by the corpora	poration submits this statement for the purporation's board of directors. I hereby accept the	osc of changing its registered e appointment as registered
DIDLIATURE				

	familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ippointment as registered
SIGNATURE		

printed harric of real stered agent and title if appropriable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE. Charige Addition 1.1 TITLE JACKSON, PETER NAME 1.2 NAME 7301 NW 34 STREET STREET ADDRESS 1.3 \$1REE1 ADDRESS MIAMI FL 33122 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE ___ Addition L. PRATHER MCKINNON MCKINNON, PRATHER L. 7301 NW 34 STREET STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33122** CITY-ST-ZIP 2.4 C(1Y - S1 - Z(P ☐ DELE1E Change TITLE Addition 3.1 TITLE WHITAKER, PAUL STUART 3.2 NAME 7301 NW 34 STREET STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33122** CITY-ST-ZIP 3.4. CITY - ST - 7IP DELETE TITLE ___ Addition 4.1 TITLE CABRERA, ELIA R NAME 4. 2 NAME 7301 NW 34 STREET STREET ADDRESS 4.3 STREET ADDRESS MIAM! FL 33122 CITY-ST-ZIP 4.4 CITY - \$T - 7IP DELF1E TITLE 5.1 TITLE Change Addition NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition 61 INLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if channed, or on an attachment with an address.

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FILED

Apr 28 1997 8:00am

Secretary of State