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

Mailing Address

8075 SW 107TH AVE SPT 109

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13 if ch

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 21 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000055783 (2)

ABAD AIR, INC.

Principal Place of Business

8390 NW 53RD ST

SUITE 313

MIAMI FL 33166 US		US				3. Date Incorporated or Qualified 07/27/1994	ed 3a. Date of Last Report 03/07/1996	
	ace of Business	2a. Mailing A	2a. Mailing Address			4. FEI Number	<i>P</i>	Applied For
21		26				65-0513577	65-0513577 Not Applicable	
Suite Apt. #. etc.		Suite, Apt	Suite, Apt #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & Sta	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Z·p	Country	Zip		Country	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for in		
24	25	29	30				Yes 🔀 No	
	g, Name and Address of Curr	ent Registered Ager	nt		·	10. Name and Address of New Reg	Istered Agent	
	.D, WLADIMIR			81	Name			
8075 S W 107TH AVE				82	82 Street Address (P.O. Box Number is Not Acceptable)			
APT			83					***************************************
MIA	MI FL 33173							***************************************
				84	City		FL 85 Zip	o Code
agent Lar SIGNATURE	m familiar with and accept the obli- Signature, typed or protest rame of registered in	igations of Section 6	07.0505, Florida (NOTE: Reg	Statutes	6.	corporation submits this statement for the puporation's board of directors. I hereby accept required when reinstating)	DATE	
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D ABAD, WLADIMIR	L		1.1 TITLE		P	Change	: L Addition
NAME		ADT 400			ABAD, WLADIMIR			
STREET ADDRESS	8075 S.W. 107TH AVENUE,	AP1. 109		1.3 STREET		8075 S.W. 107TH AVE	ENUE, APT	. 109
CITY-ST-7IP	MIAMI FL 33166			1.4 CITY - S	T-ZIP	MIAMI FL 33166		Lance
TITLE		L		2.1 TITLE			Change	: Addition
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET				
CITY-S1-7F T-TLE				2. 4 CITY -! 3.1 TITLE	ST-ZIP		Change	Addition
NAME		L		3.2 NAME			Change	[] Modilion
STREET ADDRESS					- I DODECC			
CITY-ST-ZP				3.3 STREET 3 4. CITY - 3				
TITLE		П		4.1 TITLE	ar-zir		☐ Change	Addition
NAME		<u> </u>		4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-7/P				4.4 CITY - S				
TITLE				5.1 TITLE			Change	. Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY - ST - 7-P				5.4 CITY - S				
1/1¢E			····	6 1 TITLE		······································	Change	Addition
NAME			.	6.2 NAME		,		
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY - S				
	ovicerlity that the information suppl	lied with this filing do				tated in Section 119.07(3)(i), Florida Statutes	I further certify the	at the

information indicated on this armual 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 reserver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

ot with an address.

IGNING OFFICER OR DIRECTOR