FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000067711 (9)**

1. Corporation Name

MINI PLANE, INC.

Principal Place of Business	Mailing Address
~~9217 CARLYLE AVE~~ ~~SURFSIDE FL 33154~~	~~9217 CARLYLE AVE~~ ~~SURFSIDE FL 33154~~

3. Date Incorporated or Qualified: 09/14/1994
3a. Date of Last Report: 01/31/1995
4. FEI Number: 65-0525806 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 10266 NW. 47 TH STREET
22 Suite, Apt. #, etc.
23 SUNRISE FLORIDA
24 Zip 33351 25 Country

2a. Mailing Address
26 10266 N.W. 47TH STREET
27 Suite, Apt. #, etc.
28 SUNRISE, FLORIDA
29 Zip 33351 30 Country

9. Name and Address of Current Registered Agent

~~KAHN, DONALD J ESQUIRE~~
~~627 71ST STREET~~
~~MIAMI BEACH FL 33141~~

10. Name and Address of New Registered Agent

81 Name: ANTONIO TAHAN
82 Street Address (P.O. Box Number is Not Acceptable): 10266 N.W. 47 STREET
83
84 City: SUNRISE, FL 85 Zip Code: 33351

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: X _____ 2/14/96
(Signature, typed or printed name of registered agent and date as above) (NOTE: Registered Agent's signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TAHAN, ANTONIO		1.2 NAME		
STREET ADDRESS	~~9217 CARLYLE AVE~~		1.3 STREET ADDRESS	10266 N.W. 47 STREET	
CITY-ST-ZIP	~~SURFSIDE FL 33154~~		1.4 CITY-ST-ZIP	SUNRISE, FLORIDA 33351	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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 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 an address.

SIGNATURE: X _____ 2/14/96 (954)7463094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)