

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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000073049
1. Corporation Name

AIR INTERNATIONAL OF MIAMI, INC.

Principal Place of Business Mailing Address
210 N. University Drive 210 N. University Drive
Suite 502 Suite 502
Coral Springs, Fl 33023 Coral Springs, Fl 33023

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33071	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 33071	3. Date Incorporated or Qualified 10/5/94	3a. Date of Last Report 3/2/96	4. FET Number 65-0525495	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
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9. Name and Address of Current Registered Agent

Eduardo Fernandez
501 Brickell Key Drive
Suite 400
Miami, Florida 33131

10. Name and Address of New Registered Agent

81 Name FRANCISCO RODRIGUEZ	82 Street Address (P.O. Box Number is Not Acceptable) 210 N. UNIVERSITY DR #502	83	84 City CORAL SPRING	85 Zip Code 33071
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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 *Francisco Rodriguez* FRANCISCO RODRIGUEZ 4/17/97
Signature of person or printed name of registered agent and date of signature (NOTE: Registered Agent signature required when appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Goulart, Bruno 3440 S. State Road 7 Mirimar, Florida 33023	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☒ Change ☐ Addition 7525 N.W. 44TH STREET 203 LAUDERHILL FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition 800002165238 -05/05/97-01022-027 ***165.00

14. I 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 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: *Bruno Goulart* Bruno Goulart 4/17/97 954-3462288
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)