

FILE NOW: FILING FEE AFTER MAY 1 IS

\$165.00

FILED
May 20 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 199		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000085868 (5)**

1. Corporation Name

TOYBOY WORLD AIRWAYS, INC.

Principal Place of Business

Mailing Address

**MIAMI INTERNATIONAL AIRPORT
MIAMI FL 33159**

**POST OFFICE BOX 590953
MIAMI FL 33159-0953**

3. Date Incorporated or Qualified

01/03/1995

3a. Date of Last Report

5/1/96

2. Principal Place of Business

2a. Mailing Address

21 MIAMI INTL AIRPORT

26 P O BOX 590953

4. FEI Number

65-0616125

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

22 City & State

23 MIAMI FL

27 City & State

28 MIAMI FL

24 Zip

24 33159

Country

25 USA

29 Zip

29 33159

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JENNINGS, ANDREW S
650 N.E. 31ST STREET, PH-C15
MIAMI FL 33137**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	CEO <input type="checkbox"/> DELETE
NAME	JENNINGS, ANDREW S
STREET ADDRESS	MIAMI INTERNATIONAL AIRPORT, MIAMI 590953
CITY-ST-ZIP	MIAMI FL 33159
TITLE	D <input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ISRAEL
STREET ADDRESS	4630 NW 79 AVE
CITY-ST-ZIP	MIAMI FL 33166
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SABORIO, Anthony
STREET ADDRESS	P.O. BOX 590953 NIA
CITY-ST-ZIP	MIAMI FL 33159
TITLE	D <input type="checkbox"/> DELETE
NAME	PARDOMAL VEDINI
STREET ADDRESS	650 NE 31 ST C-15
CITY-ST-ZIP	MIAMI FL 33137
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LESTER, SYLVIE
STREET ADDRESS	8901 SW 64 CT
CITY-ST-ZIP	MIAMI FL 33186
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	100002200661 CS
5.3 STREET ADDRESS	-06/04/97--01003--016 5/20/97
5.4 CITY-ST-ZIP	***173.75
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D CHUNGOORA, Garegi
6.3 STREET ADDRESS	650 NE 31 ST C-15
6.4 CITY-ST-ZIP	MIAMI FL 33137

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**A. JENNINGS
Pres. & CEO**

28 APR 97

Date

Daytime Phone #

**(305)
5730125**

CR2E034 (12/95)