FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:20

DOCUMENT # P94000092841 (3)

1. Corporation Name
AUTAIR CATERING, INC.

Principal Place of Business
2699 S BAYSHORE DRIVE
SUITE 3000
COCONUT GROVE FL 33133

Mailing Address
2699 S BAYSHORE DRIVE
SUITE 3000
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1994
3a. Date Of Last Report:

2. Principal Place of Business — 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 65-0558262 — 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

9. Name and Address of Current Registered Agent

LEHRMAN, JEFFREY E
2699 S BAYSHORE DRIVE
SUITE 300D
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name: LOWENSTEIN, ELIOT
82 Street Address (P.O. Box Number is Not Acceptable): 2100 SALZEDO STREET
83 SUITE 303
84 City: CORAL GABLES FL
85 Zip Code: 33134-4323

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: Elliot Lowenstein — [signature] — 4/25/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEHRMAN, JEFFREY E
STREET ADDRESS	2699 S BAYSHORE DRIVE SUITE 300D
CITY-ST-ZIP	COCONUT GROVE FL 33133

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

		Change	Addition
1 TITLE	DIRECTOR	X	
1 NAME	PETER JACKSON		
1 STREET ADDRESS	LUTON AIRPORT		
1 CITY-ST-ZIP	LUTON , ENGLAND		
2 TITLE	PRESIDENT		X
2 NAME	ANGELICA G. DE UMER		
2 STREET ADDRESS	7301 NW 34TH STREET		
2 CITY-ST-ZIP	~~MIAMI, FL. 33122~~		
3 TITLE	SECRETARY		X
3 NAME	L. PRATHER McKINNON		
3 STREET ADDRESS	7301 NW 34TH STREET		
3 CITY-ST-ZIP	MIAMI FL 33122		

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)(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: [signature] — 4/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

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