FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000021494 (6) **DOCUMENT #**

AIR A.J. BARRAGAN COMMANDER, CORP.

Mailing Address



Principal Place of	Business	Maind Veriless							
4114 N.W. 4TH TERRACE MIAMI FL 33126		4114 N.W. 4TH TERRACE MIAMI FL 33126							
MIAMI PL 331	20	·				3. Date Incorporated or Qualified 03/16/1995	3a. Date	of Last Re	port
		Ta Maria Adama				A FEI Number			Applied For
Principal Place	e of Business	2a. Mailing Adoress				65-056 905	2		Not Applicable
1		26				· †		\$8.75	Additional
Suite, Apt. #,	etc.	Suite, Apt #, etc.				5. Certificate of Status Desired		Fee	Required
2		27				6. Election Campaign Financing		\$5.0	May Be
City & State		City & State				Trust Fund Contribution		Adde	d to Fees
3		28	T Cou	entro/		8. This corporation has liability for	intangible ta	x under s	. 199.032,
Zıp	Country	Zip	30	,		Florida Statutes	s ∐No		
4	25	29 Registered Apent	[30]	r		10. Name and Address of New	Registered	Agent	
	9. Name and Address of Current	Hegistereo Agent		81	Nanie				
				Ш.		and a second	hio)		· · · · · · · · · · · · · · · · · · ·
BARRAGAN, ALFREDO J JR.				82	Street Addr	eet Address (P.O. Box Number is Not Acceptable)			
4114 N	.W. 4TH TERRACE			83					
MIAMI I	FL 33126			03					
*****				84	City		FL	85 Z	?ip Code
				Шi		ration submits this statement for the p rd of directors. Thereby accept the ap	mono of ch	anging its	registered office
	agrature, typed or pointed mine of registroot a perf OFFICERS AND		ill Registere		ர் சூருக்கு 'சர்க	NUMBER TO OF	DATE FICERS ANI	DIRECT	ORS IN 12
12.		T DELETE	1 1	TITLE				Change	e 🔲 Addition
TITLE	PD		121	NAME					
NAME	BARRAGAN, ALFREDO JR.		133	S!REE!	ADORESS				
STREET ADDRESS	4114 N.W. 4TH TERRACE		1	C:1Y-5					
CITY - ST - ZIP	MIAMI FL 33126	CT DELETE		THUE				☐ Change	e 🔲 Addition
TITLE	STD		- 1	NAME					
NAME	BARRAGAN, ALFREDO SR		I -		1 ADDRESS				
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STREET ADDRESS					· ST · ZIP				
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STREET ADDRESS			1						
CITY - ST - ZIP		ED DESCRI		4 CHY:	-S1 - ZIF			Chan	ige 🔲 Addition
TITLE		DELETE	ь .	· mil					

14. I do hereby certify that the information supplied with this filting 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 apport of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual apport of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the composition of this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 pr Block 13 if changing the same that my name appears in Block 12 pr Block 13 if changing the same that my name appears in Block 12 pr Block 13 if changing the same that my name appears in Block 12 pr Block 13 if changing the same that my name appears in Block 12 pr Block 13 if changing the same that my name appears in Block 12 pr Block 13 if changing the same that my name appears in Block 12 pr Block 13 if changing the same that my name appears in Block 12 pr Block 13 if changing the same that my name appears in Block 12 pr Block 13 if changing the same that my name appears in Block 12 pr Block 13 if changing the same that my name appears in Block 12 pr Block 13 if changing the same that my name appears in Block 12 pr Block 13 if changing the same that my name appears in Block 12 pr Block 13 if changing the same that my name appears in Block 12 pr Block 13 if changing the same that my name appears in Block 12 pr Block 13 if changing the same that my name appears in Block 12 pr Block 13 if changing the same that my name appears in Block 14 pr Block 14 pr Block 15 if the same that my name appears in Block 15 if the same that my name appears in Block 15 if the same that my name appears in Block 15 if the same that my name appears in Block 15 if the same that my name appears in Block 15 if the same that my

SIGNATURE: X

NAME STREET ADDRESS

NAME OF SIGNING OFFICER OR DIRECTOR