## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00 May 08 1998 8:00am **PROFIT** FLORIDA DEPARTME **CORPORATION** Sandra B. Md Secretary of State ANNUAL REPORT Secretary of DIVISION OF COR RATIONS 1998 P95000027954 (3) DOCUMENT # AIR AMERICA VENTURES, INC. Principal Place of Business Mailing Address 7211 S.W. 62ND AVENUE 7211 S.W. 62ND AVENUE SUITE 204 Suite 204 MIAMI FL 33143 DO NOT WRITE IN THIS SPACE MIAMI FL 33143 3. Date Incorporated or Qualified 04/07/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 10350 00 ST. 10622-59-3311165 Not Applicable Suite, Apt. #, el Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired #2 Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing LA niAm. Trust Fund Contribution Added to Fees 23 This corporation owes or has paid the current year Intangible PADE 76 25 JASE. 29 33/ 9, Name and Address of Current Registered Agent Personal Property Tax due June 30. Name and Address of New Registered Agent RUSSELL, BRYON R. 7211 S.W. 62ND AVE. 82 SUITE 204 83 **MIAMI FL 33143** 84 City Zip Code mismi 11. Pursuant to the provisions of Soctions 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, after 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 Soction 507.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Addition TITLE 1.1 T/T/F Change RUSSELL, BYRON R. NAME 1.2 NAME 10626 S.W. 112TH AVE. SUITE 214 STREET ADDRESS 13 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition D51 TITLE 2.1 TITLE ROACH, ROXANNE JOHN T. MARTIN 2.2 NAME #108 10625 S.W. 112 AVE., #214 10795 SW\_108 AVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY - ST - ZIP TITLE DELETE 3.1 THILE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

14. I 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 allachment with an address.

STREET ADDRESS CITY-ST-ZIP