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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

City & State

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P95000065932 (2) **DOCUMENT #** 1. Corporation Name AIR F.A. CORP.

Mailing Address Principal Place of Business 2212 S.W. 60TH COURT MIAMI FL 33155 2212 S.W. 60TH COURT MIAMI FL 33155 3a. Date of Last Report 3. Date Incorporated or Qualified 08/24/1995 2. Principal Place of Business 2a. Mailing Address 65-060 2886 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Π

25 24 9. Name and Address of Current Registered Agent FAJARDO, JOSE C 2212 S.W. 60TH COURT

MIAMI FL 33155

Country

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City & State

			F-	ee Hequirea	
	Election Campaign Financing     Trust Fund Contribution			.00 May Be ded to Fees	
ntry	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ✓ Yes ☐ No				
	10. Name and Address of New I	Registered	Agent		
81 Name					
82 Street Ac	ldress (P.O. Box Number is Not Acceptat	ole)		·	
83					
84 City			85	Zip Code	

Applied For

Not Applicable

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.

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	Signature, typod or printed name of registered agont and title if applicable	(NOTE: Registered Agent signature required	d when remistaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2.	OFFICERS AND DIRECTORS	13.	Change Addition
LF	D DELETE		
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Y-SI-ZIP	MIAMI FL 33155	1.4 TY-ST-ZIP	Change Additio
LF	DELETE	2 1 TLE	Change Additio
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HELL MODRESS		64 CITY-ST-ZIP	

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 cath; 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 changet, or on an attachment with an address.

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR