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 CORFORATIONS

1996

P95000073977 (7) DOCUMENT #

1. Corporation AIR TR	ANSPORT CONSULTING	AND SERVICES CODD	•						
AIN IN	MHOFORI CUNOULING	MIND SERVICES CORP							
Principal Place of Business Mailing Address			···			IA WWATE WWALLAND	IN 10910 10941 10	BH 4001 (00)	
2655 COLLINS AVENUE SUITE 1608 MIAMI BEACH FL 33140		SUITE 1608	2655 COLLINS AVENUE SUITE 1608 MIAMI BEACH FL 33140						
					3. Date Incorporated or Qualified 09/25/1995	3a. Date	of Last Rep	ort	
Principal Place of Business		2a. Mailing Address 26	h		4. FEI Number		A	plied For t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State 23		City & State	28		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Ψφ 24 .	Country 25	Ζφ 29]	Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes No				
	9, Name and Address of Cur	rent Registered Agent		OST Names	10. Name and Address of New I	Registered A	gent		1
7	00000		Ì	81 Name					
BARDER, SERGE 2655 COLLINS AVENUE				82 Street Ad	ddress (P.O. Box Number is Not Acceptable)				
SUITE 10	608		Ī	83		***************************************			
MIAMI BI	EACH FL 33140			84 City			85 Zip C	Code	1
11. Pursuant to	o the provisions of Sections 607.05	502 and 607.1508. Florida Statu te	s, the above	ve-named con	poration submits this statement for the pu	FL mose of char	agina its rea	istered office]]
or registere familiar with	ed agent, or both, in the State of Fl h, and accept the obligations of S	londa. Such charige was authorize	d by the o	orporation's b	poration submits this statement for the puoper of directors. Thereby accept the app	ointment as r	egistered ac	gent. Lam	
SIGNATURE:					4/2	24/60			
	Signature, typical or profiled hard special agent and the lit applicant ICERS AND DIRECTO				puired when reinstating) ADDITIONS/CHANGES TO OFI	FICE OR AND I	DIDECTOR	` (NI 17)	Ŕ
TITLE	PSTD	DELETE	1.130	TLE	ADDITIONS/OFFANGES TO OFF			Addition	CR2E034 (12/95)
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CITY+ST-ZIP	MIAMI BEACH FL 33140		1.4 C/TY+ST-ZIP						贤
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CITY-ST-2IP	L		<u> 64 €∏</u>	Y · ST · ZIP			~~		1

14. I do horeby 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 administratory 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 composition 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, for or an attachment with an address.

SIGNATURE:

SIGNATURE AND THE DIRECTOR OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR