## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P95000074584 (0)

SYSTEM AIR INC.

## **FILED** Mar 03 1998 8:00am Secretary of State



| Principal Plac            | e of Business  | Mailing Ac                                  | laress                               |             |               |                 |   | **** ***** ***** ***                   |               | 1107 8181 1281     |
|---------------------------|--|---|--------------------------------------|-------------|---------------|-----------------|---|--|---------------|--------------------|
| 200 S.W. 118              | TH AVE   | 200 S.W.                                    | 200 S.W. 118TH AVE<br>MIAMI FL 33184 |             |               |                 |   |  |               |                    |
| MIAMI FL 331              | 184  | MIAMI FL                                    |                                      |             |               |                 | DO NOT WRITE IN THIS SPACE                            |  |               |                    |
|                           |  |   |                                      |             |               | į               | 3. Date Incorporated or Qual                          |  | SPACE         |                    |
|                           |  |   |                                      |             |               |                 | , ·   | mea                                    |               |                    |
| 2. Principal P            | Place of Business  | 2a. Mailing                                 | Address                              |             |               |                 | 09/27/1995<br>4. FEI Number                           |  |               | 0.15               |
| 21                        | Table of Education   | 26  | Addiess                              |             |               |                 |   |  | <u> </u>      | pplied For         |
| Suite, Apt.               | # etc  |   | Suite, Apt. #, etc.                  |             |               |                 | 65-0608708  |  | <del></del>   | ot Applicable      |
| 22                        | .,   | — — ·                                       | 27                                   |             |               |                 | 5. Certificate of Status Desire                       | đ 🔲                                    |               | Additional equired |
| City & Stat               | е  | City & S                                    | State                                |             |               |                 |   |  |               | · `                |
| 23                        |  | ·   | 28                                   |             |               |                 | Election Campaign Finance     Trust Fund Contribution | ing 🖂                                  |               | Мау Ве             |
| Zip                       | Country  | Zip   | ·····                                | Count       | tru           |                 | Trust Fund Contribution                               |  |               | to Fees            |
| 24                        | 25   | 29  |                                      | 30          | .,,           |                 | 8. This corporation owes or h                         |  | · ·           | tangible  <br>  No |
| E-7]                      | 9. Name and Address of Cu  |   |                                      | 30]         |               | 1               | Personal Property Tax due  10. Name and Address of Ne |  |               | 1ND                |
| ur.                       |  |   |                                      | 8           | 1 Na          | ame             | 10. Hamb and riddiges of the                          | ** Hogistalba                          | rigent        |                    |
|                           | RNANDEZ, EDDY  |   |                                      | L           | 1             |                 |   |  |               |                    |
| 200 S.W. 118TH AVE        |  |   | 82 Street Ad                         |             |               | eet Addres      | s (P.O. Box Number is Not Acc                         | eptable)                               |               |                    |
| MIA                       | VMI FL 33184   |   |                                      | á           | 2             |                 |   |  |               |                    |
|                           |  |   |                                      | °           | 3             |                 |   |  |               |                    |
|                           |  |   |                                      | 8           | 4 Cit         | y               |   |  | <b>85</b> Zip | Code               |
|                           |  |   |                                      |             |               |                 |   | FL                                     | _     '       |                    |
| 11. Pursuant office or re | to th <b>e</b> provisions of Sections 607.<br>enistered agent, or both, in the S                               | 0502 and 607.1508,<br>tale of Florida, Such | Florida Statute                      | s, the abo  | ve-nan        | ned corpor      | ation submits this statement for                      | the purpose o                          | f changing i  | ts registered      |
| agent. I a                | to the provisions of Sections 607,<br>egistered agent, or both, in the S<br>m familiar with, and accept the of | bligations of, Section                      | 607.0505, Flo                        | rida Statut | es.           | corporation     | is board of directors. Thereby a                      | accept the abt                         | Johnnent as   | registereu         |
| SIGNATURE                 |  |   |                                      |             |               |                 |   |  |               |                    |
|                           | Signature typed or printed name of registered  |   | . (NOTE                              |             | gent sign     | nature required | when reinstating)                                     | DATE                                   |               |                    |
| 12.                       |  | AND DIRECTORS                               |                                      | 13.         |               |                 | ADDITIONS/CHANGES TO (                                | OFFICERS AND                           |               |                    |
| TITLE                     | PSTD   |   | DELETE                               | 1.1 TITLE   |               |                 |   |  | Change        | Addition           |
| NAME                      | HERNANDEZ, EDDY  |   |                                      | 1.2 NAM     | E             | 1               |   |  |               |                    |
| STREET ADDRESS            | 200 S.W. 118TH AVE   |   |                                      | 1.3 STRE    | ET ADDRE      | ESS             |   |  |               | İ                  |
| CITY+ST-ZIP               | MIAMI FL 33184   |   |                                      | 1,4 CITY    | -ST-ZIP       |                 |   |  |               |                    |
| TITLE                     |  | [   | DELETE                               | 2.1 TITLE   |               |                 |   |  | Change        | Addition           |
| NAME                      |  |   |                                      | 2.2 NAMI    | E             |                 |   |  |               | İ                  |
| STREET ADDRESS            |  |   |                                      | 2.3 STRE    | et addre      | ESS             |   |  |               | i                  |
| CITY-ST-ZIP               |  |   |                                      | 2. 4 CITY   | -ST-ZIP       |                 |   |  |               |                    |
| TITLE                     |  | l   | DELETE                               | 3.1 TITLE   |               |                 |   |  | Change        | Addition           |
| NAME                      |  |   |                                      | 3.2 NAME    |               |                 |   |  | -             |                    |
| STREET ADDRESS            |  |   |                                      | 3.3 STREI   | ET ADDRE      | ss              |   |  |               |                    |
| CITY-ST-ZIP               |  |   |                                      | 3.4. CITY   |               |                 |   |  |               |                    |
| TITLE                     |  |   | DELETE                               | 4.1 TITLE   |               | -               |   | ······································ | Change        | Addition           |
| NAME                      |  | -   | =                                    | 4. 2 NAM    |               |                 |   |  | - Sidniga     |                    |
| STREET ADDRESS            |  |   |                                      |             | L<br>Et addre | ee l            |   |  |               |                    |
| CITY-ST-ZIP               |  |   |                                      |             |               | .00             |   |  |               |                    |
| TITLE                     |  | ····  | DELETE                               | 4.4 CITY-   | 31-21         |                 |   |  | Chance        | Addition           |
| NAME                      |  | ·   |                                      | 5.1 TITLE   |               |                 |   |  | ☐ Change      | Addition           |
| 1                         |  |   |                                      | 5.2 NAME    |               |                 |   |  |               | İ                  |
| STREET ADDRESS            |  |   |                                      | 5.3 STREE   |               | SS              |   |  |               |                    |
| CITY-ST-ZIP               |  |   | I DELETE                             | 5.4 CITY-   |               |                 |   |  | TT ~          |                    |
| TITLE                     |  | ι   | DELETE                               | 6.1 TITLE   |               | ļ               |   |  | Change        | ☐ Addition         |
| NAME                      |  |   |                                      | 6.2 NAME    |               |                 |   |  |               |                    |
| STREET ADDRESS            |  |   |                                      | 6.3 STREE   | T ADDRE       | SS              |   |  |               |                    |
| CITY-ST-ZIP               |  |   |                                      | 6.4 CiTY-   | ST-ZIP        |                 |   |  |               |                    |

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 attachment with an address.