2003 FOR PROFIT CORPORATION

U	HIPORM BOSIN	ESS REPO	RT (UB	R)	red 17, 2003 8:00 an
DOCUMENT # P95000091873 1. Entity Name I.A.S. INTERNATIONAL AIR SYSTEM INC				Secretary of State 02-17-2003 90233 022 ***150.00	
Principal Place of Business 7525 S.W. 153 RD. PLACE 205 MIAMI FL 33193		Mailing Address 7525 S.W. 153 RD. PL 205 MIAMI FL 33193	7525 S.W. 153 RD. PLACE 205		
48 / Suite, Ap		3. Mailing Address 48/85 Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES
City & St	ni - Florion	City & State	- Flor	ZiOA	4. FEI Number 65-0647220 Applied For Not Applicable
331	S5 Country	33185	Country		5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Currer	nt Registered Agent			7. Name and Address of New Registered Agent
1	EDUARDO E		Name	10	TEIRO, LOUARDO. E.
. 7525 S.W MIAMI FL		Stree	Andress (P.O. Box Number is Not Acceptable)	
			-City-	-77-1	=ATTI = FI Zip Code : o =
8. The above the obliga	e named entity submits this statement tions of registered agent.	or the purpose of changing	its registered office	or registere	ed agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered ager				
ļ	Signature, typed or printed harne or registered ager	t and title if applicable. (N	IOTE: Registered Agent sig	nature required (when reinstating) DATE
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State		,	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		-		
TITLE	V OFFICERS AND		11.	·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	HERNANDEZ, SILVIA R 7525 SW 153RD PL #205 MIAMI FL 33193	🗗 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	481	ANANDEZ SILVIA R. Machange Addition 18 SN 163 PC. AMI - FC - 33185
TITLE NAME STREET ADDRESS	P TOJEIRO, EDUARDO 7525 S.W. 153 RD. PL #205	Delete	TITLE NAME STREET ADDRESS		TEIRO EDUARDO DE Change Addition 18 5 N 163 PC: 1771 - FC-33185
CITY-ST-ZIP	MIAMI FL 33193		CITY-ST-ZIP	ni	471 - FC-33185
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME		•	NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE	-	☐ Delete	TITLE	 	
NAME	Annual State of the State of th	- Delete	NAME		Change - Addition-
STREET ADDRESS			STREET ADDRESS		•
CITY-ST-ZIP	·		CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

C!TY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ECEIO LANDO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR