

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000002025

1. Corporation Name
AIRBORNE INDUSTRIES CORP.

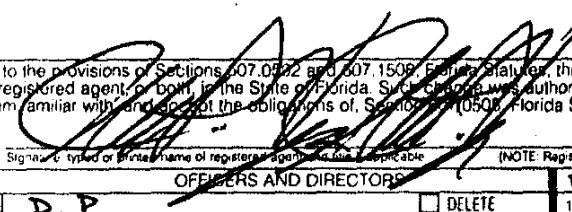
TAXPAYER COPY

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 2901 LE JEUNE RD.		26 2901 LE JEUNE RD.		JAN. 8, 1996	N/A
22 Suite, Apt. #, etc. 202		27 Suite, Apt. #, etc. 202		4. FEI Number	Applied For
23 City & State CORAL GABLES, FL		28 City & State CORAL GABLES, FL		65-0631273	Not Applicable
24 Zip 33134		29 Zip 33134		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 Country		☒ Yes ☐ No	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution				☐	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name		ALBERT P. VEGA	
82 Street Address (P.O. Box Number is Not Acceptable)		2901 LE JEUNE RD	
83		SUITE 202	
84 City		CORAL GABLES FL	
85 Zip Code		33134	

11. Pursuant to the provisions of Sections 607.09(2) and 607.1509, 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 607.1509, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 4/29/97 3/26/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D, P	11 TITLE	
NAME	FREDERIC NORTH	12 NAME	
STREET ADDRESS	5 PASSAGE DOISY	13 STREET ADDRESS	
CITY-ST-ZIP	PARIS, FRANCE 75017	14 CITY-ST-ZIP	
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11.07(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.

SIGNATURE:

TAXPAYER COPY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

447-1299

CR2E034 (9/96)