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 # P96000002025 (0)

AIRBORNE INDUSTRIES CORP.

Principal Place of Business Mailing Address 2901 LE JEUNE RD. 2901 LE JEUNE RD. STE. 202 STE. 202 DO NOT WRITE IN THIS SPACE **CORAL GABLES FL 33134 CORAL GABLES FL 33134** 3. Date Incorporated or Qualified 01/08/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0631273 21 Not Applicable \$8.75 Additional Suite, Apt #, etc Suite, Apt. #, etc. 6. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 29 X Yes 24 25 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ALBERT P. VEGA, C.P.A. 2901 LE JEUNE RD. Street Address (P.O. Box Number is Not Acceptable) STE. 202 83 CORAL GABLES FL 33134 R4 City Zip Code 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. SIGNATURE (NOTE: Registered Agent signature required when rainstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TOLE Change NORTH, FREDERIC 1.2 NAME NAME 13 RUE DE PHALSBOURG 5 PASSAGE DOISY STREET ADDRESS 1.3 STREET ADDRESS PARIS FRANCE 75017 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ___ DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE 6.2 NAME NAME

o exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information eand that my signature shall have the same legal effect as if made under oath; that I am an the properties report as required by Chapter 607, Florida Statutes; and that my name appears in 14. Thereby certify that the information supplied with this filing does not qualify for indicated on this annual report or supplemental armual report is true and according or or director of the corporation or the receiver or trustee empoyed to Block 12 or Block 13 if changed, or on an attachment with an additional process.

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

18.

FILED

Feb 27 1998 8:00am

Secretary of State