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

PROFIT CORPORATION ANNUAL REPORT

1999

981 SAN PEDRO CORAL GABLES FL 33156



FLORIDA DEPARTMENT OF STATE

Katherine Harris

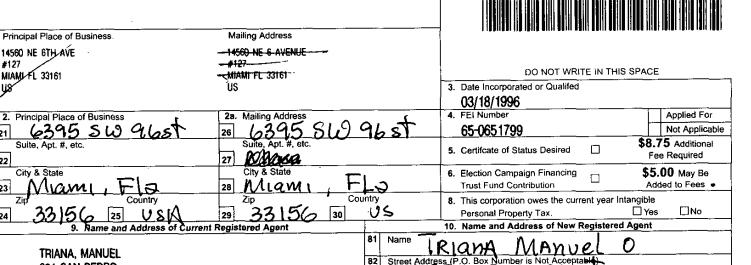
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000023889

ANAIR, INC.

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FILED Aug 30, 1999 8:00 am Secretary of State 08-30-1999 90002 050 ***550.00



84 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.

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SIGNATURE			required when reinstating) DATE
Signature, types of printed name of registered agent and size if explicative.			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1.1 TITLE	PD TRIAN A Manuel O Schange Addition
NAME	TRIANA, MANUEL O	1.2 NAME	6395 500 9655
STREET ADDRESS	981 SAN PEDRO	1.3 STREET ADDRESS	l
CITY-ST-ZIP	CORAL GABLES FL 33156	1.4 CITY-ST-ZIP	Mam 1 F 10 33156
TITLE	VSD DELETE	2.1 TITLE	VSD TRAND Manuel Change Addition
NAME	TRIANA, MANUEL	2.2 NAME	DICKUIN TOTALIO
STREET ADDRESS	981 SAN PEDRO	2.3 STREET ADDRESS	8903 SW 78 pl
CITY-ST-ZIP	CORAL GABLES FL 33156	2.4 CITY-ST-ZIP	Miami F/J 33/56
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP	_	3.4. CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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) with all other like empowered.

SIGNATURE: