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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000036897 (2)**

AIR-O-SEA CARGO CORP.

Principal Place of Business Mailing Address 1428 BRIOKELL-AVENUE: 0TH FLOOR 1429 BRICKELL AVENUE, 67H FLOOR MAM FL 93191-9411 MIAMI FL 39191 3. Date Incorporated or Qualified 3a. Date of Last Report 04/24/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0661549 7508 NW Not Applicab 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.037 Yes No Florida Statutes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LITTMAN, ERIC P hol 1428 BRICKELL AVENUE, 8TH FLOOR 82 MIAMI FL 33131 83 CIMILAM 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. <u>Yres</u> SIGNATURE Stand included or printed name of registered age ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. Change Addition DELETE THE 11 TITLE GROSSMAN, JON NAME 1.2 NAME 7508 N.W. 54 STREET 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33166** 1.4 CITY - ST-ZIP CHTY - S1 - Ziff DELETE Change A.... til.I 2.1 TITLE ALFONSO, LUIZ GUILHERME M 2.2 NAME NAME 7508 N.W. 54TH STREET 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33166** 001Y - 51 - 71P 2.4 CITY - ST - ZIP DELETE 3.1 TITLE Change THE NAME 3.2 NAME 3.3 STREET ADDRESS SUBSET ADDRESS 3.4. CITY-ST-ZIP CHY-ST-ZB DELETE Change Answ 4.1 TITLE Lite HAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST 709 TINE DELETE 5.1 TITLE Change Addition NAM 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-5:-ZIP 5.4 CITY - ST - ZIP DELETE 61 TITLE Change Addition TITE

> 62 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do 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

SIGNATURE:

NAME

STREET ADORESS OILY ST 71:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Apr 28 1997 8:00am

Secretary of State

0174110