FILE NOW: FILING FEE AFTER MAY 1ST IS \$5\$0.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortfam

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000042095 (5)

AIR-FLORIDA SOUTH, INC.

FILED Apr 24 1998 8:00am Secretary of State

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Delas	ipal Place of Business		8.4 - 11 4 - 1 - 1					! PAO 40114 DIVIA BONIA DEPART		E HINI ONIA ILI	ITO BAIR OPPA	
	•		Mailing Add									
20423 SR 7 20423 SR 7												
SUITE 117 BOCA RATON FL 33498			SUITE 117 BOCA RATON FL 33498					DO NOT WRITE IN THIS SPACE				
		DOOR INTOIT IE SOUR				3. Date Inco	3. Date Incorporated or Qualified					
							04/24/1	•				
2. Pr	incipal Place of Busine	SS	2a. Mailing Address				4. FEI Numb			Ap	plied For	
21			26			65-06				t Applicable		
Suite, Apt. #, etc			Suite, Apt. #, etc.					¢0.75 A-400				
22			27				a. Certificate	e of Status Desired		Fee Re	equired	
	ty & State	City & State				6. Election C	ampaign Financing		\$5.00	May Be		
23		28					Trust Fund	d Contribution		Added t		
Z ₁	p _	Country	Ζφ		Countr	y	8. This corpo	oration owes or has p	aid the cur	rent year Int	angible	
24	2		29	30)			Property Tax due Jun] No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent												
	ramirez, yazı	AIN			81	Name	,					
	20423 SR 7				82	Street	Address (P.O. Box Nu	ımber is Not Accepta	able)			
SUITE 117						ļ						
	BOCA RATON I	FL 33498			83	1						
					84	City				85 Zip (Code	
						```'			FL			
11. F	Pursuant to the provisio	ns of Sections 607.0502	and 607.1508, F	lorida Statutes,	the abov	e-name	d corporation submits t	his statement for the	purpose of	changing it	s registered	
a	agent. I am familiar with	nt, or both, in the State of and accept the obligation	ons of Section (	607.0505, Florid	la Statute	y the co s.	rporation's board of dir	ectors. I hereby acci	epi ine app	omument as	regisierea	
SIGN	ATURE											
	Signature, typed or	printed name of registered agent		(NOTE R	egistered Ag	ent signatur	e required when reinstating)		DATE			
12.	Т Б	OFFICERS AND		7 00,000	13.		ADDITIONS	S/CHANGES TO OFF	ICERS AND			
TITLE	_	VA954MI	L	_] DELETE	1.1 TITLE					Change	Addition	
NAME	RAMIREZ		D&V 40		1.2 NAME							
STREET ADDRESS 3601 NORTH DIXIE HIGHWAY CITY-ST-7IP BOCA RATON FL 33431			DAT IV	1.3 STREET ADDRESS						1.		
CITY-S	I-ZIP DUCK IV	110N FL 33431		7	1.4 CITY-	ST-ZIP	ļ					
TITLE	ł		L	] DELETE	21 TITLE					Change	Addition	
NAME					2.2 NAME							
	ADDRESS				2.3 STREET	T ADDRESS						
CITY-S	T-ZIP	·····		los se	2. 4 CITY-	ST-ZIP	<u> </u>					
TITLE			<u>L</u>	DELETE	3.1 TITLE					☐ Change	Addition	
NAME					3.2 NAME							
	ADDRESS				3.3 STREET							
CITY-S	T-ZIP			7 05: 576	3.4. CITY-	ST-ZIP				——————————————————————————————————————		
TITLE			L_	] DELETE	4.1 TITLE					☐ Change	Addition	
NAME					4. 2 NAME							
	ADORESS					ADDRESS						
CITY-S	T-ZIP			1 251 575	4.4 CITY - 5	ST-ZIP						
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NAME					5.2 NAME						ľ	
STREET	ADDRESS				5.3 STREET	ADDRESS						
CITY-S	T-ZIP				5.4 CITY - 5	ST-ZIP	ļ					
TITLE			L	DELETE	6.1 TITLE					☐ Change	Addition	
NAME					62 NAME							
STREET	ADDRESS				63 STREET	ADDRESS					ľ	
CITY-S					64 CITY - S	ST-ZIP						
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I never by 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 informatio 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 corpletation 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 changid, or on an attachment with an address.