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Apr 09 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P96000060231 (3) | | | | | |
| 1. Corporation Name P.A.A.C. AIR, INC. | | | | | |
| Principal Place of Business 2814 CEDARIDGE DRIVE TAMPA FL 33618 | | | Mailing Address 2814 CEDARIDGE DRIVE TAMPA FL 33618-1424 | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 | | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 | | |
| 9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | | 10. Name and Address of New Registered Agent 81 Name PHILLIP ALVAREZ 82 Street Address (P.O. Box Number is Not Acceptable) 2814 CEDARIDGE DRIVE 83 84 City TAMPA FL 85 Zip Code 33618 | | |
| 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 <i>Phillip Alvarez</i> PRESIDENT 3-13-97 (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 12. OFFICERS AND DIRECTORS 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 15 16 TITLE 17 NAME 18 STREET ADDRESS 19 CITY - ST - ZIP 20 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 25 26 TITLE 27 NAME 28 STREET ADDRESS 29 CITY - ST - ZIP 30 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP 35 36 TITLE 37 NAME 38 STREET ADDRESS 39 CITY - ST - ZIP 40 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP 45 46 TITLE 47 NAME 48 STREET ADDRESS 49 CITY - ST - ZIP 50 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP 55 56 TITLE 57 NAME 58 STREET ADDRESS 59 CITY - ST - ZIP 60 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP 65 66 TITLE 67 NAME 68 STREET ADDRESS 69 CITY - ST - ZIP 70 71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY - ST - ZIP 75 76 TITLE 77 NAME 78 STREET ADDRESS 79 CITY - ST - ZIP 80 81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY - ST - ZIP 85 86 TITLE 87 NAME 88 STREET ADDRESS 89 CITY - ST - ZIP 90 91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY - ST - ZIP 95 96 TITLE 97 NAME 98 STREET ADDRESS 99 CITY - ST - ZIP 100 | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 15 16 TITLE 17 NAME 18 STREET ADDRESS 19 CITY - ST - ZIP 20 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 25 26 TITLE 27 NAME 28 STREET ADDRESS 29 CITY - ST - ZIP 30 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP 35 36 TITLE 37 NAME 38 STREET ADDRESS 39 CITY - ST - ZIP 40 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP 45 46 TITLE 47 NAME 48 STREET ADDRESS 49 CITY - ST - ZIP 50 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP 55 56 TITLE 57 NAME 58 STREET ADDRESS 59 CITY - ST - ZIP 60 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP 65 66 TITLE 67 NAME 68 STREET ADDRESS 69 CITY - ST - ZIP 70 71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY - ST - ZIP 75 76 TITLE 77 NAME 78 STREET ADDRESS 79 CITY - ST - ZIP 80 81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY - ST - ZIP 85 86 TITLE 87 NAME 88 STREET ADDRESS 89 CITY - ST - ZIP 90 91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY - ST - ZIP 95 96 TITLE 97 NAME 98 STREET ADDRESS 99 CITY - ST - ZIP 100 | | | | | |
| 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: <i>Phillip Alvarez</i> 3-13-97 (813) 963-0235 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |



CR2E034 (9/96)