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 # P96000063844 (0)

LANCE AERO, INC.

Principal Place of Business

5510 \$W 96TH AVE MIAMI FL 33165

Mailing Address

5510 SW 96TH AVE MIAMI FL 33165-6457

FILED Apr 23 1997 8:00am Secretary of State



No Changes					3. Date Incorporated or Qualified 07/29/1996	3a. Date of	f Last Report
21 551		26 5510 SU	u 9	6 Ave.	4. FEI Number 65-0683112		Applied For Not Applicable
Sulte, Apt.		Suile, Apt. #, etc.		and the second second second second	5. Certificate of Status Desired		8.75 Additional Fee Required
	ami Florida	City & State 28 Maami		lorida	Election Campaign Financing Trust Fund Contribution	, man	55.00 May Be Added to Fees
24 331		29 33/65 3	Country o U	BA		🗌 Yes 💢 No	0
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name 7 / 7							
	Ler, wayne 0 Sw 96th ave			Vo Changes			
	MI FL 33165		82	82 Street Address (P.O. Box Number is Not Acceptable)			
i iii	MI (E 00 100		83				
			84	City		FL 85	7 Ip 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							
	Signature, typed or printed name of registered ager		. _ `	ent signatum require		DATE DEED AND DE	EOTODO (N. 45
12.	OFFICERS AND	DELETE	13. 1.1 TiTLE		ADDITIONS/CHANGES TO OFFI		Change Addition
NAME			1.2 NAME	$ Y_{i}$	resident		Sharige Z Addition
STREET ADDRESS			1.3 STREET	ADDRESS	rayne Miller		
CITY-ST-ZIP			1.4 CITY - S	T-710	Mignal FL	33/65	5
TITLE		☐ DELETE	2.1 TiTLE	V	Nagne Miller 340 50096 Ave Miamy FL ice Président		Change Danddition
NAME			2.2 NAME	=	rin S. Dean		′
STREET ADDRESS			2.3 STREET	ADDRESS 5	rin S. Dean 510 Sw 96 Ave	•	
CITY-ST-ZIP			2. 4 City-	ST - ZIP	Mami FL	33165	
TITLE		☐ DELETE	3.1 THEE		,	L	Change L_ Addition
NAME			3 2 NAME				
STREET ADDRESS			3 3 STREET				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 9 4.1 TITLE	ST - ZIF		- 	Change Addition
NAME	•		4. 2 NAME				change Addition
STREET ADDRESS			4.3 STREET	2239004			
CITY-ST-ZIP			4.4 CITY-S				
TITLE		☐ DELETE	5.1 TITLE	11.3.1.			Change
NAME			5.2 NAME			_	·
STREET ADDRESS			5.3 STREET	ADDRES\$			
CITY-ST-ZIP			5.4 CITY-S				
TITLE		DELETE	6111111		· · · · · · · · · · · · · · · · · · ·		Change Addition
NAME			62 NAME				
STREET ADDRESS			63 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CH Y - S	ST - ZIP			
44 (44	·		,		1 O		

Information indicated on this armual report or supplemental armual 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

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