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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 21 1997 8:00am

Secretary of State

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## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000081539 (4)

BEST AIR INTERNATIONAL INC.

Principal Place of Business	
### Principal Place of Business  2	F (ODITION ALD LINEA DELIC ORIEN SANKE CANKE DATION AND A MITTON WHEN HARD
2. Principal Place of Business 2. Sulte, Apt. #, etc. 3. Sulte, Apt. #, etc. 3. Sulte, Apt. #, etc. 3. Sulte, Apt. #, etc. 4. Sulte, Apt.	
Sulfe, Apt. #, etc.   Sulfe, Apt. #, etc.	
Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/02/1996 3a. Date of Last Report
Sulle, Apt. #, etc.    Sulle, Apt. #, etc.   Sulle, Apt. #, etc.	4. FEI Number Applied For
City & State  City & State  City & State  Zip	65-0698368 Not Applicable
28   Zip	5. Certificate of Status Desired
9, Name and Address of Current Registered Agent  CZETYRKO, CLAUDIO 3061 SW 142 AVE MIAMI FL 33175  81 Name  82 Street Addr  83 B4 City  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corrolfice or registered agent, or both, in the State of Florida, Such change was authorized by the corporat agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature, typed or prelied name of registered agent and ten if application (INOTL Registered Agent agranue requirement agent and ten if application (INOTL Registered Agent agranue requirement agent and ten if application (INOTL Registered Agent agranue requirement agent and ten if application (INOTL Registered Agent agranue requirement agent agent and ten if application (INOTL Registered Agent agranue requirement agent agent and ten if application (INOTL Registered Agent agranue requirement agent agent and ten if application (INOTL Registered Agent agranue requirement agent agent and ten if application (INOTL Registered Agent agranue requirement agent agent and ten if application (INOTL Registered Agent agranue requirement agent agent and ten if application (INOTL Registered Agent agent and ten if application (INOTL Registered Agent agent agent agent and ten if application (INOTL Registered Agent agent agent agent agent and ten if application (INOTL Registered Agent agent agent agent agent and ten if application (INOTL Registered Agent ag	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
CZETYRKO, CLAUDIO 3061 SW 142 AVE MIAMI FL 33175  11. Pursuant to the provisions of Sactions 607.0502 and 607.1508, Florida Statutes, the above-named corported agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Delete   Delet	8. This corporation has liability for intangible tax under s. 199.032,
CZETYRKO, CLAUDIO 3081 SW 142 AVE MIAMI FL 33175  83  84 City  11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corrolfice or registered agent, or both, in the State of Florida. Such change was authorized by the corporat agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corrolfice or registered agent, or both, in the State of Florida. Such change was authorized by the corporat agent and liter if applicable.  SIGNATURE  Signature, typed or printed name of registered agent and liter if applicable.  TITLE  OFFICERS AND DIRECTORS  13.  TITLE  DUCO, LUIS  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.1 ITITE  DELETE  2.1 ITILE  DELETE  2.1 ITILE  DELETE  2.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 ITILE  ALCITY-ST-ZIP  DELETE  3.1 ITILE  ALCITY-ST-ZIP  TITLE  ALCITY-ST-ZIP  TITLE  DELETE  3.1 ITILE  ALCITY-ST-ZIP  TITLE  ALCITY-ST-ZIP  TITLE  ALCITY-ST-ZIP  TITLE  DELETE  3.1 ITILE  ALCITY-ST-ZIP  TITLE  ALCITY-ST-ZIP  ALCITY-ST-ZIP  TITLE  ALCITY-ST-ZIP  ALCITY-ST-ZIP  ALCITY-ST-ZIP  ALCITY-ST-ZIP  ALCITY-ST-ZIP  TITLE	Florida Statutes Yes No  10. Name and Address of New Registered Agent
ANAME  TITLE  DUCO, LUIS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  HOFFMANN, TEODORO  1670-587-287  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  STREET ADDRESS  STREET ADDRESS	10, Marile and Abdiess of Men Hagisteled Agent
MIAMI FL 33175  11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corroffice or registered agent, or both, in the State of Florida, Such change was suthorized by the corporat agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.  SIGNATURE    Signature, lipsed or printed name of registered agent end lite if applicable.   (NOTL Registered Agent agriculture requirements)	
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corp office or registered agent, or both, in the State of Florida. Such change was authorized by the corporat agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature   Institute	lress (P.O. Box Number is Not Acceptable)
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corrolfice or registered agent, or both, in the State of Florida, Such change was authorized by the corporat agent. I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes.  SIGNATURE	
SIGNATURE   Signature, typed or printed name of registered agent and beth if application   INOTE Registered Agent agent and beth if application   INOTE Registered Agent agent agent received agent agent and beth if application   Inote   Inote	85 Zip Code
SIGNATURE   Signature, typed of printed name of registered agent and belief application.   INOTE Registered Agent agent and belief application.   INOTE Registered Agent agent agent received.	<b>FL</b> [1]
DELETE   D	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME   DUCO, LUIS   1.2 NAME   1.3 STREET ADDRESS   2776 HACKNEY RD   1.3 STREET ADDRESS   CITY-ST-ZIP   FT LAUDERDALE FL   1.4 CITY-ST-ZIP   TITLE   DELETE   2.1 TITLE   2.3 STREET ADDRESS   CITY-ST-ZIP   MIAMI FL 33177   2.4 CITY-ST-ZIP   2.3 STREET ADDRESS   CITY-ST-ZIP   MIAMI FL 33177   DELETE   3.1 TITLE   3.2 NAME   3.2 NAME   3.2 NAME   3.3 STREET ADDRESS   CITY-ST-ZIP   TITLE   DELETE   4.1 TITLE   4.2 NAME   4.2 NAME   4.2 NAME   4.2 NAME   4.2 NAME   4.3 STREET ADDRESS   CITY-ST-ZIP   TITLE   DELETE   DELETE   5.1 TITLE   DELETE   5.3 STREET ADDRESS   CITY-ST-ZIP   TITLE   DELETE   5.3 STREET ADDRESS   CITY-ST-ZIP   DELETE   6.3 STREET ADDRESS   CITY-ST-ZIP   DELETE   CITY-ST-ZIP	Change Addition
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### STREET ADDRESS   18770 SW 146 CT	Change Addition
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STREET ADDRESS         5.3 STREET ADDRESS           CITY- ST- ZIP         5.4 C(ITY- ST- ZIP)           TITLE         DELETE         6.1 TITLE           NAME         6.2 NAME	Change Additio
5.3 STREET ADDRESS   5.3 STREET ADDRESS	•
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NAME 62 NAME	☐ Change ☐ Addilio
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CITY-ST-ZIP 6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that	d in Section 119.07(3)(i), Florida Statules. I further certify that the