FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 12 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000086078 (8) IQ AIR SERVICES, INC. Principal Place of Business Mailing Address 4770 BISCAYNE BLVD.. 4770 BISCAYNE BLVD.. **SUITE 1070 SUITE 1070** DO NOT WRITE IN THIS SPACE **MIAMI FL 33137** MIAMI FL 33137 3. Date Incorporated or Qualified 10/17/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For Not Applicable 21 65-0703085 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 This corporation owes or has paid the current year Intangible
 Personal Property Tax due June 30. Yes Zip Country Žφ Country 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BRAVO, ROBERTO G 27101-3W-149-GT Street Address (P.O. Box Number is Not Acceptable)
4770 BISCAY NE BLVO; SY ITE 1070 82 HOMESTEAD FL 3303 83 Zip Code 33/31 MIAMI So tip 2 and 60, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered to obligations of, Section 607,0505, Florida Statutes. 11. Pursuant to the provision Koborto BRAND SIGNATURE photodinanic of registered agent and the Tappicable OF LICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 4.6 DELETE Change Addition TITLE 1.1 TITLE **Q**UINONEZ, LUIS R NAME 1.2 NAME 11232 DEDEVEUX MANOR LANE STREET ADORESS 1.3 STREET ADDRESS **FAIRFAX STATION VA 22039** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change TITLE 3.1 TILLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE 4. 2 NAME

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not quality 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.

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