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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

	1998 DIVISION OF CORPORATIONS			NS	Secretary of State		
		000920	03 (8)	)			
STMPH	ONIC AIR, INC.						1 (88/188) (18 18/18 B)(1 (88/18 B)(1 (88/19 B)(1 (88/18 B)(1 (88/
Principal Place of Business Mailing Address							
1101 BRICKEL MIAMI FL 331:	L AVE 17TH FLOOR 31		800 OCEAN DR NEWS OFFICE				·
			MIAMI BEACH FL 33139 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
							11/08/1996
	lace of Business	<b>}</b> γ	2a. Mailing Address				4. FEI Number Applied For
Suite, Apt.	# etc	·	Suite, Apt. #, etc.				65-0738703   Not Applicable   \$8,75 Additional
22	n, des	27	outo, ripti a, oto.				5. Certificate of Status Desired Fee Required
City & State	9		City & State				6. Election Campaign Financing \$5.00 May Be
Zip         Country         Zip				Country			Trust Fund Contribution
24	25	29		30	<b>├</b> ─¬ ′		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of C	urrent Registered	Agent				10. Name and Address of New Registered Agent
	POTE, BEATRIZ M				81	Name	
1101 BRICKELL AVE 17TH FLOOR					82	Street Ac	ddress (P.O. Box Number is Not Acceptable)
MIC	MI FL 33131			ļ	83		
					84	City	<b>65</b> Zip Code
44 Dureuppt i	to the provisions of Spetions 60	7 0602 and 607 150	9 Elorida <b>O</b> tati	uton the st		named or	<b>₽L</b> }
office or re	egistered agent, or both, in the	State of Florida, Suc obligations of Socti	ch change was	s authorized Florida Stati	i by	the corpo	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	m lanimar with, and according	obligations of deet	10/1 007.0000, 1	ionaa otat	aics.		
	Signature, typed or printed name of register	<del></del>			Agen	t signature rei	quired when reinstating) DATE
12. Trīlē	OFFICERS AND DIRECTORS  PVST		DELETE	DELETE 1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	DAVIS, JEFFREY		1		1.2 NAME		
STREET ADDRESS	800 OCEAN DR		1.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		☐ DELE <b>TE</b>		1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
TITLE NAME			<del></del>		2.1 IIILE 2.2 NAME		L Change Addition
STREET ADDRESS						DDRESS	
CITY-ST-ZIP	·		··	2 4 CI	TY-ST	-ZIP	
TITLE			DELET <b>ë</b>	3.1 TIT			☐ Change ☐ Addition
NAME STREET ADDRESS				3.2 NA		DDRESS	
CITY-ST-ZIP				3.4. Cl		1	
TITLE			DELETE	4.1 TIT			☐ Change ☐ Addition
NAME				4. 2 NA			
STREET ADDRESS						DORESS	· •
CITY-ST-ZIP TITLE			DELETE	4.4 CIT 5.1 TIT		- ZIT	☐ Change ☐ Addition
NAME				5.2 NA			
STREET ADDRESS				5.3 STI	REET A	DDRESS	
CITY-ST-ZIP			DELETE	5.4 CIT		ZIP	☐ Change ☐ Addition
TITLE NAME			L. PLLEIE	6.1 TrT 6.2 NA			Change Addition
STREET ADDRESS						DDRESS	
CITY-ST-ZIP				6.4 CIT			

14. I 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 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 contraction of the contraction of the contraction of the exemption and that my name appears in Block 12 or Block 13 in or handle properties that an address.

**FILED** 

Mar 31 1998 8:00am