

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

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000094326 (1)**

1. Corporation Name

**BEL AIR TRANSPORT, INC.**

Principal Place of Business

**821 EAST BROWARD BLVD  
FORT LAUDERDALE FL 33301**

Mailing Address

**821 EAST BROWARD BLVD  
FORT LAUDERDALE FL 33301-2064**

3. Date Incorporated or Qualified

**11/18/1996**

3a. Date of Last Report

2. Principal Place of Business

**21 1560 SW 23RD STREET**

Suite, Apt. #, etc.

2a. Mailing Address

**26 1560 SW 23RD STREET**

Suite, Apt. #, etc.

City & State

**23 FT. LAUDERDALE, FL**

Zip

**24 33315**

Country

**25 USA**

City & State

**28 FT. LAUDERDALE, FL**

Zip

**29 33315**

Country

**30 USA**

4. FEI Number

**65-0708510**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**MINIACI, DOMINICK F  
821 EAST BROWARD BLVD  
FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name

**KAISER, CHRISTINE**

82 Street Address (P.O. Box Number is Not Acceptable)

**1560 SW 23RD STREET**

83

84 City

**FT. LAUDERDALE**

**FL**

85 Zip Code

**33315**

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed name of registered agent, and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**05/07/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KAISER, CHRISTINE</b>	
STREET ADDRESS	<b>821 EAST BROWARD BLVD.</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>KAISER, CHRISTINE</b>	
1.3 STREET ADDRESS	<b>1560 SW 23RD STREET</b>	
1.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33315</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

**Christine Kaiser PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/24/97 (1954) 524-9814**  
Date Daytime Phone #

0267646

CR2E034 (9/96)