**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000099287 1. Corporation Name

INTERNATIONAL AIR EXPRESS CORP.

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90132 035 \*\*\*150.00



Principal Place	of Business	Mailing Address	Address			I PBB11081 119 JB310 B5111 BB111 BB111 46116 12118 12118 12118 12111 12111 12111			
MIAMI FL 33166 US		6951 NW 82 AVE MIAMI FL 33166 US	6951 NW 82 AVE MIAMI FL 33166			DO NOT WRITE IN THI	S SPACE	Ē.	
00						3. Date Incorporated or Qualifed 12/09/1996			
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			FEI Number		Applied For	
<sub>न</sub>		26	26			65-0714362 Not Applica			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		1	Certificate of Status Desired	\$8.75 Additional Fee Required		
-City & State		City & State				Election Campaign Financing	\$5	.00 May Be	
3		28	28			Trust Fund Contribution Added to Fees			
Zip	Country .	Zip 29	Zip Country		I .	This corporation owes the current year le Personal Property Tax.	ntangible Yes		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
OIL LUIO A				1 Nam					
81.1.1	-NW-60 ST. 6951 N	w 82 Hue.	8	82 Street Address (P.O. Box Number is Not Acceptable)					
81.1.1.NW 60 ST. 6951 NW 82 AUE. MIAMIFE 33166 NIGMI FI. 33166			8	3					
			8	4 City		F	L 85	Zip Code	
				1					

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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12												
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE									
TITLE	<b>DP</b> □ DELETE	1.1 TITLE		🔀 Change	☐ Addition }							
NAME	GILLUIS, A	1.2 NAME										
STREET ADDRESS	8 <del>111 NW-60 S</del> T.	1.3 STREET ADDRESS	6951 NW 82 Ave.									
CITY-ST-ZIP	MIAMI FL-33168	1.4 CITY-ST-ZIP	Migro: F1. 39166									
TITLE	DT □ DELETE	2.1 TITLE		Change	☐ Addition							
NAME	GIL, RICARDO A	2.2 NAME	<u>.</u>									
STREET ADDRESS	6995-NW-82-AVE BAY-97	2.3 STREET ADDRESS	6951 NW 82 Ave.		-							
CITY-ST-ZIP	MIAMI-FL 33166	2. 4 CfTY-ST-ZIP	Niam: F1. 33166									
TITLE	DS DELETE	3,1 TITLE	· · · ·	<b>⊠</b> Change	☐ Addition							
NAME	VARGAS, RAUL E	3.2 NAME										
STREET ADDRESS	8111 NW 60 ST.	3.3 STREET ADDRESS	6951 NW 82 Ave.									
CITY-ST-ZIP	MIAMI-FL 33166	3.4. CITY-ST-ZIP	Hiami F1. 39166									
TITLE	V □ DELETE	4.1 TITLE		Change	☐ Addition							
NAME	GIL, PATRICIA E	4. 2 NAME										
STREET ADDRESS	6995-NW-82-AVE-BAY-37	4.3 STREET ADDRESS	6951 NW 82 Hire.									
CITY-ST-ZIP	MI <del>AMI-FL 33166</del>	4.4 CITY-ST-ZIP	Miano Fl. 33166									
TITLE	☐ DELETE	5.1 TITLE		Change	Addition							
NAME		5.2 NAME			ſ							
STREET ADDRESS		5.3 STREET ADDRESS			ļ							
CITY-ST-ZIP		5.4 CITY-ST-ZIP										
TITLE	DELETE	6.1 TITLE		☐ Change	☐ Addition							
NAME		6.2 NAME			1							
STREET ADDRESS	•	6.3 STREET ADDRESS	·									
CITY-ST-ZIP	diff. the date of the state of	6.4 CITY-ST-ZIP	Lin Section 110 07/2VI) Elevido Statutos I furth									

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 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 of an attachment with an address with all other like empowered.

(305) 406-4597