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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700031564 (2)

SUN AIR TRANSPORT, INC.

Principal Place of Business Mailing Address 7508 NW 54 STREET 7508 NW 54 STREET MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/08/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0743655 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LITTMAN, ERIC P ESQ. 1428 BRICKELL AVENUE Street Address (P.O. Box Number is Not Acceptable) 8TH FLOOR 83 **MIAMI FL 33131** Zip Code 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, typing or printed name of registered agent and title if applicable (NO1F: Registered Agent signature required when reinstature) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change TITLE 1.1 TITLE Addition GROSSMAN, JON NAME 1.2 NAME **7508 NW 54 STREET** STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE __ Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE Change 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZiP DELETE Change TITLE 511016 ☐ Addition 5.2 NAMS STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

In Louise

4/24/94 305-715-9691

FILED

May 07 1998 8:00am

Secretary of State