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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business Mailing Address 14448 S.W. 115TH TERRACE 14448 S.W. 115TH TERRACE MIAMI FL 33186 MIAMI FL 33186

## FILED Apr 20 1998 8:00am Secretary of State

DOCUMENT # P97000071446 (3) AIR SUPPLY OF SOUTH FLORIDA INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/20/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-077*53*31 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Ζıρ Country Country This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. Yes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BARRABI, MODESTO 14448 S.W. 115TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** 83 84 City Zip Code 11. Pursuant to the provisions of Soctions 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, typiad or printed name of registered agent and title 4 applicable DATE (NO1). Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1 1 TITLE TITLE BARRABI, MODESTO 12 NAME NAME 14448 S.W. 115TH TERRACE 1.3 STREET ADDRESS STREET ADORESS MIAMI FL 33186 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition ☐ Change TITE F 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TOTALE 51 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE 62 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY-ST-ZIP

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 eath; 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 13 if changed for on an attachment with an address.

SIGNATURE:

CR2E034