

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

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000091555 (7)

1. Corporation Name
MCM AIR, INC.

Principal Place of Business 9400 SOUTH DADELAND BLVD. #111 MIAMI FL 33156	Mailing Address 9400 SOUTH DADELAND BLVD. #111 MIAMI FL 33156
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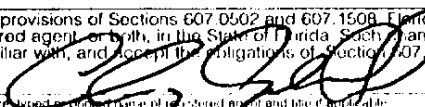


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/23/1997	
				4. FEI Number 65-0791114	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CAMPBELL, CLAY 9400 SOUTH DADELAND BLVD. SUITE 111 MIAMI FL 33156				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 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  (NOTE: Registered Agent signature required when reinstating) DATE 3/2/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	1.1 TITLE						
NAME	1.2 NAME						
STREET ADDRESS	1.3 STREET ADDRESS						
CITY-ST-ZIP	1.4 CITY-ST-ZIP						
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	2.1 TITLE						
NAME	2.2 NAME						
STREET ADDRESS	2.3 STREET ADDRESS						
CITY-ST-ZIP	2.4 CITY-ST-ZIP						
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	3.1 TITLE						
NAME	3.2 NAME						
STREET ADDRESS	3.3 STREET ADDRESS						
CITY-ST-ZIP	3.4 CITY-ST-ZIP						
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	4.1 TITLE						
NAME	4.2 NAME						
STREET ADDRESS	4.3 STREET ADDRESS						
CITY-ST-ZIP	4.4 CITY-ST-ZIP						
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	5.1 TITLE						
NAME	5.2 NAME						
STREET ADDRESS	5.3 STREET ADDRESS						
CITY-ST-ZIP	5.4 CITY-ST-ZIP						
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	6.1 TITLE						
NAME	6.2 NAME						
STREET ADDRESS	6.3 STREET ADDRESS						
CITY-ST-ZIP	6.4 CITY-ST-ZIP						

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 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:  DATE 3/2/98 305-670-3140

CR2E034 (10/97)