

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90024 030 ***150.00

DOCUMENT # P98000031476

1. Entity Name

MIAMI INTERNATIONAL AEROSPACE SHOW & EXHIBITION.

| | |
|---|--|
| Principal Place of Business 1607 PONCE DE LEON BLVD. SUITE 101 CORAL GABLES FL 33134 | Mailing Address 1607 PONCE DE LEON BLVD. SUITE 101 CORAL GABLES FL 33134-4011 |
|---|--|

0081202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NUNEZ, ALEJANDRO ESQ.
1607 PONCE DE LEON BLVD.
SUITE 101
CORAL GABLES FL 33134

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|------|
| TITLE | NAME | TITLE | NAME |
| PD | MACAYA, EDUARDO 4161 WEST 9TH LANE UNIT 36 HIALEAH FL 33012 | | |
| VPD | LOPEZ, HUMBERTO JR. 2865 WEST 76TH ST. HIALEAG FK 33018 | | |
| SD | MACAYA, EDUARDO 4161 WEST 9TH LANE UNIT 36 HIALEAH FL 33012 | | |
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: **4-27-2000** Daytime Phone #: **305-7746222**