

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90047 005 ***150.00

DOCUMENT # P98000046854

1. Corporation Name
AIR COMPRESSORS EXPORT INC.

Principal Place of Business
240 SOUTH DIXIE HIGHWAY
POMPANO BEACH FL 33060

Mailing Address
240 SOUTH DIXIE HIGHWAY
POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1998

4. FEI Number

65-0842348

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 236 SOUTH DIXIE HWY
Suite, Apt. #, etc.

26 ARI MATAN/4
Suite, Apt. #, etc.

22 POMPANO BCH
City & State

27 4967 RIVER SIDE DR
City & State

23 FLORIDA

28 CORAL SPRINGS FL

24 Zip 33067 Country USA

29 Zip 33067 Country USA

9. Name and Address of Current Registered Agent

MATAN, ARI
240 SOUTH DIXIE HIGHWAY
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name

ARI MATAN

82 Street Address (P.O. Box Number is Not Acceptable)

4967 RIVER SIDE DR

83 CORAL SPRINGS

84 City

FL

85 Zip Code

33067

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

ARI MATAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature Required when reinstating)

DATE

03/08/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME MATAN, ARI
STREET ADDRESS 240 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP POMPANO BEACH FL 33060

☒ DELETE

TITLE ARI MATAN
NAME 4967 RIVER SIDE DR
STREET ADDRESS CORAL SPRINGS FL 33067
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/08/99 954-783-5104

CR2E034 (11/98)