

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S00297 (9)

1. Corporation Name

AIR TIGER EXPRESS (FLORIDA), INC.



Principal Place of Business

Mailing Address

1600 N.W. 93RD. AVE.
MIAMI FL 33172

1600 N.W. 93RD. AVE.
MIAMI FL 33172

2. Principal Place of Business

21 11013 N.W. 30th Street

2a. Mailing Address

26 11013 N.W. 30th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 115

27 115

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33172

25 Dade

29 33172

30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUN, CHEN
1600 N.W. 93RD. AVE.
MIAMI FL 33172

81 Name

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

11013 N.W. 30th Street, Suite 115

83

84 City

Miami

FL

85 Zip Code

33172

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CHU, RICHARD
STREET ADDRESS 529 MANHASSET WOODS RD.
CITY-STATE-ZIP MANHASSET NY

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS c/o 11013 N.W. 30th Street, Suite 115
1.4 CITY-STATE-ZIP Miami, FL 33172

TITLE D
NAME SUN, CHEN
STREET ADDRESS 10003 N.W. 9TH ST., APT. 14
CITY-STATE-ZIP MIAMI FL 33172

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS c/o 11013 N.W. 30th Street, Suite 115
2.4 CITY-STATE-ZIP Miami, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 100001834001
4.4 CITY-STATE-ZIP -05/22/96--01022--013

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS ***200.00
5.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)