

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S12885**

(7)

1. Corporation Name

MICHAEL OLIVER & ASSOCIATES INC.

APPROVED
AND
FILED

55 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office of Corporation

**1424 OCEAN DR.
SUITE 303
MIAMI BEACH FL 33139**

Managing Agent

**1424 OCEAN DR.
SUITE 303
MIAMI BEACH FL 33139**

Do Not Write in This Space

3. Date incorporated or changed 11/14/1990 3a. Date of next report 05/01/1994

4. FIC Number 65-0227719 Agent Fee \$8.75 Additional Fee Required

5. Certificate of Status (Required) \$5.00 May Be Added to Fees

6. Election Campaign Reporting Total Fees Contribution \$5.00 May Be Added to Fees

8. This corporation has not elected to be subject to the provisions of the Florida Corporate Governance Act (FCGA) (Required)

2. Principal Office of Corporation

21

2a. Managing Agent

26

22. Date of Report

22

27. Date of Report

27

23. City & State

23

28. City & State

28

24. City & State

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOUSSA, MANAL
1424 OCEAN DR.
SUITE 303
MIAMI BEACH FL 33139**

81. Name

82. Street Address (Do Not Leave Blank or Put "At Large")

83

84. City

FL

85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by law. I am a resident of the State of Florida and am qualified to execute this report. I am a resident of the State of Florida and am qualified to execute this report. I am a resident of the State of Florida and am qualified to execute this report.

Signature

12. Name and Address of Registered Agent

13. Name and Address of New Registered Agent

**D
OLIVER, MICHAEL
1424 OCEAN DR., SUITE 303
MIAMI BEACH FL**

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by law. I am a resident of the State of Florida and am qualified to execute this report. I am a resident of the State of Florida and am qualified to execute this report. I am a resident of the State of Florida and am qualified to execute this report.

SIGNATURE:

Michael Oliver

5/1/95

305 532-2362

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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AND
FILED

DOCUMENT # **S14001** (9)

1. Corporation Name

AIR MARINE AGENCIES, INC.

2. Principal Office Address

**3611 NW SOUTH RIVER DR
MIAMI FL 33142**

3. Mailing Address

**3611 NW SOUTH RIVER DR
MIAMI FL 33142**

3. Date of Incorporation (If 2/2/95)

11/21/1990

3b. Date of Last Report

05/27/1994

2. Principal Office Address

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2b. Mailing Address

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4. FIC Number

65-0233717

Approved By
FIC Applicant

5. Certificate of Status (Required)

X

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for the payment of the expenses of the election campaign financing trust fund contribution

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**SAENZ, CARLOS A
3611 N.W. SOUTH RIVER DRIVE
MIAMI FL 33142**

81. Name
82. Election Campaign Financing Trust Fund Contribution

83. Name
84. Name
85. Name

FL

11. I, the undersigned, being the duly authorized officer of the corporation, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the same is a true and correct statement of the facts and circumstances as to the matters herein stated.

12. DP
SAENZ, CARLOS
3611 N.W. SOUTH RIVER DR
MIAMI FL
S
SAENZ, PATRICIA ANN
3611 N.W. SOUTH RIVER DR
MIAMI FL
V
SAENZ, HUGH JAMES
3611 N.W. SOUTH RIVER DR
MIAMI FL

13. AGENT FOR CHANGE OF ADDRESS OF OFFICE OF THE SECRETARY OF STATE

14. I, the undersigned, being the duly authorized officer of the corporation, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the same is a true and correct statement of the facts and circumstances as to the matters herein stated.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS A. SAENZ, President

05-09-95

(305) 633-8709