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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

(3)

DOCUM 1. Corporation N		(3)		
AIR-TER	RMINALING, INC.			
Principal Place o	of Business	Mailing Address		T HER HARLING TOO STATE HOURS BOING TOUGHT FOR BUILDING STATE CHAIN GROWN CHAIN HOURS HOURS
·	OYAL POINCIANA BLVD.	700 SOUTH ROYAL PO- SUITE 800 MIAMI SPRINGS FL 331		Date Incorporated or Qualified     O2/15/1991     O3/28/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FET Number Applied For
21		26		65-0296956 Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required \$8.75 Additional
22		City & State		6. Election Campaign Financing \$5.00 May Be
City & State		28		Trust Fund Contribution Added to Fees
7 <sub>(p)</sub>	Country	Zip	Country	6. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	Florida Statutes Y Yes No  10. Name and Address of New Registered Agent
	9. Name and Address of Current I	Registered Agent	81 N/mb	Oration Company d Hiani
1500 MI/ 100 CHC MIAMI FI 11. Pursuant to or registere familiar with				Instance of directors. Thereby accept the appointment as registered agent. Fam.
SIGNATURE	Signature, typischer printed name of registered agent an		E. Registered Agent separate Fearth	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DIRECTORS	13.	Change Addition
TITLE	DPS CARCIA REAMA	Option	1.2 NAME	
NAME STREET ADDRESS	GARCIA, ILEANA 700 SO ROYAL POINCIANA		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL		1.4 CHY-ST-ZIP	
TITLE	T	DELFTE	2 1 TUT. E	Change Addition
NAME	PINERA, JULIO		22 NAME (	Carlos Abaunza mona Blin
STREET ADDRESS	700 SO ROYAL POINCIANA		2.3 STREET ADDRESS	100 5. 16491 POI LICH CT DIE
CITY - ST - ZIP	MIAMI SPRINGS FL		24 City - ST - ZP	niumi spriys, it sign
TITLE		☐ DELETE	3 1 THILE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	3 4 CITY - ST - ZIP 4 1 TILE	Change Addition
TOLE		LJ beech.	4 2 NAME	
NAME			4.3 STREET ACCRESS	
STREET ADDRESS			4 4 CHY - S1 - ZIP	
CITY-SI-ZIP		☐ DELETE	5 1 TILE	Change Addition
TITLE		<u></u>	5.2 NAME	
NAME STREET ADDRESS			5.3 STREET ADDRESS	
			5.4 CFY - \$3 - ZIP	
CITY-ST-ZIP TITLE		DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STHEET ADDRESS	
CITY-ST-ZIP			6.4 CHTY - ST - ZIP	
0111 01-4H	1 - 4% that the information purplied at	ith this filing is yel intarily furr	sisted and does not qualif	y for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

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 early 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 ft changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR