

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S32079**

(3)

1. Corporation Name

AIR-TERMINALING, INC.

Principal Place of Business

**700 SOUTH ROYAL POINCIANA BLVD.
SUITE 800
MIAMI SPRINGS FL 33166**

Mailing Address

**700 SOUTH ROYAL POINCIANA BLVD.
SUITE 800
MIAMI SPRINGS FL 33166-6800**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/15/1991

3a. Date of Last Report

03/27/1996

4. FEI Number

65-0296956

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

**CORPORATION, COMPANY & MIAM
1201 HAYS STREET
100 CHOPIN PLAZA
TALLAHASSEE FL 32301**

81 Name

Corporation Service Company

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

1201 Hays Street

83

84 City

Tallahassee

85 Zip Code

FL 32301

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

Deborah D. Skipper

Deborah D. Skipper, As Agent

3/10/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DPS**
STREET ADDRESS **GARCIA, ILEANA**
CITY-ST-ZIP **700 SO ROYAL POINCIANA
MIAMI SPRINGS FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **500002109225-4**
1.3 STREET ADDRESS **-03/10/97-01143-026**
1.4 CITY-ST-ZIP ******165.00 ****165.00**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **ABAUNZA, CARLOS**
CITY-ST-ZIP **700 S ROYAL POINCIANA BLVD
MIAMI SPRINGS FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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.

SIGNATURE:

Ileana Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97 (32) 884-2001
Date Daytime Phone #

13076

CR2E034 (9/96)

FILED

97 MAR 10 PM 4: 13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

