FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 24 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S55684

1. Corporation Name
WORLD AIR, INC.

Principal Place of Business	Mailing Address
PO Box 524057 Miami, FL 33152	Suite 330, 9990 SW 77th Avenue Miami, FL 33156-2699

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 5/28/91	3a. Date of Last Report: 6/23/94
4. FEI Number: 65-0412457	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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

John A. Margolis, Esq.
Suite 330, 9990 S.W. 77th Avenue
Miami, FL 33156-2699

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	Ernesto Millon
STREET ADDRESS	5300 NW 36th St., Bldg.49
CITY-ST-ZIP	~~Miami, FL 33122~~
TITLE	D
NAME	Erika Millon
STREET ADDRESS	5300 NW 36th St., Bldg. 49
CITY-ST-ZIP	~~Miami, FL 33122~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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****200.00 ****200.00

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 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: Ernesto Millon

Ernesto Millon, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/15/95

305/526-1169
Daytime Phone #