

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

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90008 044 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
 1999 **(L)**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S83264** ✓
 1. Corporation Name
AIRMAR INTERNATIONAL, INC.

Principal Place of Business Mailing Address
8067 NW 54 ST
MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business
 21 **8067 NW 54 ST.**
 Suite, Apt. #, etc.

2a. Mailing Address
 26
 Suite, Apt. #, etc.

4. FEI Number
65-0344794

Applied For
 Not Applicable

22
 City & State
MIAMI, FL 33166

27
 City & State

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23
 Zip Country
33166

28
 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24
 25
33166

29
 30

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHN DEWALT
6950 NW 46 ST
MIAMI, FL 33126

81 Name **THOMAS PARKER**
 82 Street Address (P.O. Box Number is Not Acceptable)
7930 NW 36 STREET #201
 83
 84 City **MIAMI** FL 85 Zip Code **33166**

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 **Thomas A. Parker (VICE PRESIDENT)** 7/9/99
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	PRESIDENT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTO FERNANDEZ	1.2 NAME	DANIEL ESTEBAN
STREET ADDRESS	6950 NW 46 ST	1.3 STREET ADDRESS	7930 NW 36 ST #201
CITY-ST-ZIP	MIAMI, FL 33126	1.4 CITY-ST-ZIP	MIAMI, FL 33166
TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK BONONIE	2.2 NAME	THOMAS PARKER
STREET ADDRESS	6950 NW 46 ST	2.3 STREET ADDRESS	7930 NW 36 ST #201
CITY-ST-ZIP	MIAMI, FL 33126	2.4 CITY-ST-ZIP	MIAMI, FL 33166
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE **Thomas A. Parker V.P.** 7/9/99 (305) 910-7733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP25074 (11/01)