**FILED** 

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90260 002 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V36354**

1. Corporation Name

AIR FLUI	HIDA AIRLINE INC.						
Principal Place	of Rusiness	Mailing Address		<del></del>		/AI BIBII BIBII BIBII BIBII B	IAIA DIAIN IBAN
100 N ROYAL POINCIANA BLVD MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166			BLVD		DO NOT WRITE I	N THIS SPACE	
					3. Date Incorporated or Qualifed		
					05/12/1992		1
2. Principal PI	ace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21		26			65-0354294	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	¬ \$8.75 ∧	
22		27			5. Certificate of Status Desired	Fee Rec	quired
City & State	9	City & State			6. Election Campaign Financing	\$5.00 t	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current		
24	25	29	30		Personal Property Tax.		□No
_	9. Name and Address of Current	Registered Agent		aaT	10. Name and Address of New Regi		
КНА	n, saulat			81 Name	KHURSHID BEC	DIM	
100 N ROYAL POINCIANA BLVD			82 Street Add	tress (P.O. Box Number is Not Acceptable	CLANA ,	CLUD	
MIAMI SPRINGS FL 33166				83			
				MIL	SPRINGS		
				84 City		FL 85 Zip S	66
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was au	thorized	i by the corporat	poration submits this statement for the pur tion's board of directors. I hereby accept the	e appointment as reg	registered gistered
SIGNATURE	بنديث	13 KHURSH	410	BESU		- 9 7 	
			Registered	Agent signature requir	red when reinstating)  ADDITIONS/CHANGES TO OFFICE	EDS AND DIDECTO	DC IN 12
12.	OFFICERS AND	DELETE	1.1 T/	nc   4	<del>,/</del>	Change	☐ Addition
TITLE	PS	LA DELL'IL		/ / / / / / / / / / / / / / / / / / /	HURSHID BEGUNDON ROYAL DOING	A 4	
NAME	KHAN, SAULAT		نز (	HURSHID BEGU	July RI	140	
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NAME			2.2 N	···	·		
STREET ADDRESS	•		- 1	REET ADDRESS			}
CITY-ST-ZIP				fTY-ST-ZIP		Change	Addition
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NAME			3.2 N	·	منهوا المراجع	· · · · · · · · · · · · · · · · · · ·	•-
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CITY-ST-ZIP			TY-ST-ZIP		[7.0h-m	Addition	
TITLE		☐ DELETE	4.1 TI			Change	☐ Addition
NAME			4.2 N	AME			
STREET ADDRESS			4.3 S	REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP		[m] 0t-	[ Addison
TITLE		DELETE	5.1 79	rue I		Change	Addition

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.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEHURSHID BEGUN 2-15-88

Change

☐ Addition