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 MAY -1 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # V51428 (3)

1. Corporation Name
AIREL - FLORIDA, INC.

Principal Place of Business	Mailing Address
5306 N.W. 159TH STREET HIALEAH FL 33014	5306 N.W. 159TH STREET HIALEAH FL 33014

3. Date Incorporated or Qualified: 07/17/1992
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business	2a. Mailing Address
21 1920 E. HALLANDALE B	26 ~~19355 TURNBERRY WAY~~
Suite, Apt. #, etc. 22 SUITE 903	Suite, Apt. #, etc. 27 APT. 5H
City & State 23 HALLANDALE FL.	City & State 28 N. MAIMI FL.
Zip 24 33009 Country 25	Zip 29 33180 Country 30

4. FEI Number ~~APPLIED FOR~~ 22-319-1455 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301	81 Name ~~STARK & BENNETT P.A.~~ 82 Street Address (P.O. Box Number is Not Acceptable) 83 ~~8181 W. BROWARD BLVD.~~ PLANTATION FL. 33324 84 City FL 85 Zip Code ~~33324~~

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] BARRY STARK, PRESIDENT STARK & BENNETT, P.A. 5/1/95
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	PD	1 1 TITLE	PD	☒ Change ☐ Addition
NAME	STOLLER, RAYMOND	1 2 NAME	RAYMOND STOLLER	
STREET ADDRESS	15935 N.W. 57TH AVENUE	1 3 STREET ADDRESS	19355 TURNBERRY WAY	
CITY-ST-ZIP	MIAMI FL	1 4 CITY-ST-ZIP	~~N. MAIMI FL 33180~~	
TITLE	VSTD	2 1 TITLE	VSTD	☒ Change ☐ Addition
NAME	WENIG, RENE	2 2 NAME	WENIG, RENEE	
STREET ADDRESS	15935 N.W. 57TH AVENUE	2 3 STREET ADDRESS	19355 TURNBERRY WAY	
CITY-ST-ZIP	MIAMI FL	2 4 CITY-ST-ZIP	~~N. MAIMI FL. 33180~~	
TITLE		3 1 TITLE		☐ Change ☐ Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3 4 CITY-ST-ZIP		
TITLE		4 1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY-ST-ZIP		4 4 CITY-ST-ZIP		
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5 4 CITY-ST-ZIP	REMITTED BY MAY 1	
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS	T.S. 6/15/95	6 3 STREET ADDRESS		
CITY-ST-ZIP		6 4 CITY-ST-ZIP		

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)(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: Raymond Stoller 4/3/95 305-456-2070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #
RAYMOND STOLLER

0094819 CR