

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

FILED

May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V63954** (4)  
1. Corporation Name  
**AIR TEXCON CORP.**



Principal Place of Business <b>8334 NW 13TH SUITE 18 MIAMI FL 33172 US</b>	Mailing Address <b>8334 NW 13TH SUITE 18 MIAMI FL 33172-2808 US</b>
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3. Date Incorporated or Qualified <b>09/15/1992</b>	3a. Date of Last Report <b>04/19/1996</b>
4. FEI Number <b>65-0356515</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>15041 SW 149 ST</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>15041 SW 149 ST</b> Suite, Apt. #, etc.
22 City & State <b>MIAMI - FL</b>	27 City & State <b>MIAMI - FL</b>
23 Zip <b>33196</b>	29 Zip <b>33196</b>
25 Country	30 Country

9. Name and Address of Current Registered Agent  
**SALDANA, RICARDINA**  
**1082 SW 128 AVE**  
**MIAMI FL 33184**  
**15041 SW 149 ST**  
**MIAMI FL 33196**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P SALDANA, RICARDINA</b>	1.2 NAME	
STREET ADDRESS	<b>1082 SW 128 AVE</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL 33184</b>	1.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V OPAZO, YOLVI F.</b>	2.2 NAME	
STREET ADDRESS	<b>7722 COMINO REAL</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL 33143</b>	2.4 CITY- ST- ZIP	
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	<b>800002185488</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>-05/20/97--01084--021</b>
CITY- ST- ZIP		4.4 CITY- ST- ZIP	<b>***8.75</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>400002185484</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-05/20/97--01084--020</b>
CITY- ST- ZIP		5.4 CITY- ST- ZIP	<b>***165.00</b>
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 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: *Ricardina Saldana* **4/15/97** **233.3111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)