

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 03 1997 8:00am
Secretary of State

DOCUMENT # V66787 (5)
1. Corporation Name
MIAMI AIR MECHANICAL, INC.



Principal Place of Business Mailing Address
7805 NORTH WEST 55 STREET 7805 NW 55TH STREET
MIAMI FL 33166 MIAMI FL 33166
US US

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|--|------------------------|--|-----------------------------------------------------------------------------------------------------|--|------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 09/28/1992 | | 06/19/1996 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | | Applied For | |
| 23 Zip | | 28 Zip | | 65-0361713 | | Not Applicable | |
| 24 Country | | 29 Country | | 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 owes or has paid the current year Intangible Personal Property Tax due June 30. | | Yes No | |

9. Name and Address of Current Registered Agent

CARLSON, RICHARD L.
5031 S.W. 188TH AVE.
FT. LAUDERDALE FL 33332

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE | DV <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARLSON, RICHARD L. | 1.2 NAME | |
| STREET ADDRESS | 5031 S.W. 188TH AVE. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 1.4 CITY-ST-ZIP | |
| TITLE | DP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOFFEE, MICHAEL S. | 2.2 NAME | |
| STREET ADDRESS | 3230 ROSEWOOD COURT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DAVIE FL | 2.4 CITY-ST-ZIP | |
| TITLE | DS <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LLOSENT, EDUARDO | 3.2 NAME | |
| STREET ADDRESS | 7444 S.W. 93RD COURT | 3.3 STREET ADDRESS | 7301 S. W. 80 Court |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | Miami, FL 33143 |
| 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 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 in an attachment with an address. Richard L. Carlson-VP

CR2E034 (4/97)