

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

FILED

99 SEP 10 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K73276

1. Corporation Name
AIR -1- BOUQUET CORPORATION

Principal Place of Business
ANTONIO J. PINEROS
13167 SW 15TH LANE
MIAMI FL 33184

Mailing Address
ANTONIO J. PINEROS
13167 SW 15TH LANE
MIAMI FL 33184



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **109 N.W. 62 TERRACE**
Suite, Apt. #, etc.
MIAMI, FLORIDA
City & State
33178 **USA**
Zip Country

2a. Mailing Address
26 **10965 N.W. 62 TERRACE**
Suite, Apt. #, etc.
MIAMI, FLORIDA
City & State
33178 **USA**
Zip Country

3. Date Incorporated or Qualified
03/16/1989

4. FEI Number **65-0109841** 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
PINEROS, ANTONIO J.
13167 SW 15TH LANE
MIAMI FL 33184

10. Name and Address of New Registered Agent
81 Name **PINEROS, ANTONIO J.**
82 Street Address (P.O. Box Number is Not Acceptable)
10965 N.W. 62 TERRACE
83 **MIAMI**
84 City **FL** 85 Zip Code **33178**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/>
NAME	PINEROS, ANTONIO J.	
STREET ADDRESS	13167 SW 15TH LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	PD	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	PINEROS, ANTONIO J.		
1.3 STREET ADDRESS	10965 N.W. 62 TERRACE		
1.4 CITY-ST-ZIP	MIAMI, FL. 33178		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	300002988323--5		
2.3 STREET ADDRESS	-09/15/99--01100--014		
2.4 CITY-ST-ZIP	***150.00 ***150.00		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: *Antonio J. Pineros* **ANTONIO J. PINEROS PD** **AUGUST 30, 1999** 305-594-5781
Signature and typed or printed name of signing officer or director Date Daytime Phone #

02/27/98

CR2E034 (1/1/98)

KE



Air-1 Bouquet, Co.

10965 N.W.62nd Terrace, Miami, Fl. 33178
Tel (305) 594-5781. Fax: (305) 594-4650.

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Miami, Fl. August 30, 1.999.

Annual Report Filings
Division of Corporations
P.O.Box 1500
Tallahassee, Fl. 32302-1500.

Ref: Excuse on late filing report for
Air 1 Corporation, 1.999.

Messrs:

I am the President and only acting Officer of Air-1-Corporation, dedicated to the importation of Flowers Bouquets from Ecuador and Colombia to the wholesale market in U.S.A. This is a small corporation and since July/98, we have not been active.

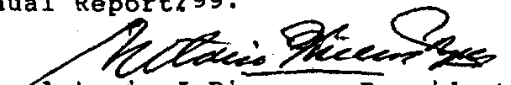
In December 13/98 I travel to Bogota, Colombia and I could not get back to Miami, by the middle of following January/99, because I had to undertake a surgical operation, the removal of a cancer in my face (melanoma in situ). which was done in March/99. Afterwards in April/99. I had and ischemic attack with the result of the lost of part of my right sight. By the end of May/99, I was hospitalized again suffering pneumonia. Finally at age 78, I survived and got back to Miami on June 3/99.

I enclose ⁽³⁾ medical certificates.

Because of all these troubles and being the only person that can activate the business of my Corporation, for the future, and the only Officer that could sign the Annual Report, I could not send it before the dead line of May 1st/99.

Please accept this justification as the reason for not been able to file on time the Annual Report/99.

Sincerely yours,


Antonio J. Pinerós.-President
AIR-1-BOUQUET CORPORATION.