

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L52150

Entity Name: MIAMI AIR INTERNATIONAL, INC.**Current Principal Place of Business:**5000 NW 36 STREET
SUITE 307
MIAMI, FL 33166**Current Mailing Address:**P O BOX 660880
MIAMI SPRINGS, FL 33266 US**FEI Number:** 65-0174270**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**O'NAGHTEN, JUAN T
2950 SW 27TH AVENUE
SUITE 100
MIAMI, FL 33133 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P	Title	D
Name	PROIA, JAMES G	Name	HAUCK, JOHN C
Address	5000 NW 36 STREET SUITE 307	Address	999 EXECUTIVE PARKWAY SUITE 202
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	SAINT LOUIS MO 63141
Title	VP, TREASURER, ASST. SECRETARY	Title	EVP
Name	ECKERLE, ANNETTE M.	Name	KAMRAD, KURT M
Address	999 EXECUTIVE PARKWAY SUITE 202	Address	5000 NW 36 STREET SUITE 307
City-State-Zip:	SAINT LOUIS MO 63141	City-State-Zip:	MIAMI FL 33166
Title	VP	Title	VP
Name	GONZALEZ, NELSON D	Name	MARTIN, HAROLD T
Address	5000 NW 36 STREET SUITE 307	Address	5000 NW 36 STREET SUITE 307
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166
Title	CIO	Title	DIRECTOR
Name	DOVARGANES, RAFAEL E	Name	QUADRI, MIRELLA C
Address	5000 NW 36 STREET SUITE 307	Address	5000 NW 36 STREET SUITE 307
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUAN T. O'NAGHTEN**SECRETARY****03/04/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP
Name CHOLODOFSKY, SHERI E
Address 5000 NW 36 STREET
SUITE 307
City-State-Zip: MIAMI FL 33122

Title ASST. SECRETARY, ASST. TREASURER
Name BARTLING, LISA
Address 999 EXECUTIVE PARKWAY
SUITE 202
City-State-Zip: SAINT LOUIS MO 63141

Title SECRETARY
Name O'NAGHTEN, JUAN T
Address 2950 SW 27 AVENUE
SUITE 100
City-State-Zip: MIAMI FL 33133

Title ASST. SECRETARY
Name BANUCHI, ALTAGRACIA
Address 5000 NW 36 STREET
SUITE 307
City-State-Zip: MIAMI FL 33166