. FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

F93000002983 (5)

DOCUMENT #

Principal Place of Business

CHABEL AVIATION, INC.

Mailing Address

FILED Mar 22 1996 8:00 am Secretary of State



C/O 200 S SUITE 480 MIAMI FL		SUITE 480	C/O 200 S.E. BISCAYNE BLVD SUITE 4800 MIAMI FL 33131			3. Date luccoporate: or Oualified 06/29/1993				
2. Principal P	lace of Business	2a. Mailing Ad	Mailing Address			4. FEI Number		· · · · [Applied For	
21		26				65-0418618			Not Applicable	
Suite, Apl.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired			75 Additional e Required	
City & Stat	te	City & Stat	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country 25	Zip 29	Country 30			8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No				
27	9. Name and Address of Curi	. 				10. Name and Address of New R	Registered Agent			
200 S Suite	NSULA REGISTERED AGENTS, B. BISCAYNE BLVD E 4800	INC.		81 82 83	Name Street Addr	ress (P.O. Box Number is Not Acceptat	le)			
MIAM	I FL 33131			84	City		FL	85	Zip Code	
or registe	ered agent, or both, in the State of Fl vith, and accept the obligations of, Si	orida. Such change wa ection 607.0505, Florid	is authorized by th a Statutes.	ie corp	oration's bloa	ration submits this statement for the purific of directors. Thereby accept the app	pose of chointment a	nanging it s register	s registered office ed agent. I am	
	Signature, typed or printed name of registered as				t signar ne recorn	d when the state go ADDITIONS/CHANGES TO OFF		D DIREC	TORS IN 12	
12.	OFFICERS /	AND DIRECTORS		3. . 1 TITLE		ADDITIONS/OF MINGES 10 OF F		Chanc		
TITLE	TRIGUEROS, MANUEL		4		1			*' ~··· 'ا		
NAME	CIO 200 E RISCAVNE RI	VD STF 4800		.2 NAME	1000000					
STREET ADDRESS	MIAMI FL 33131		1.3 STREET AUDRESS 1.4 City - St - Zip							
CITY-ST-ZIP	VDAS	<u></u>		4 CITY-S 1 TITLE	1 · ZIF			Charig	e Addition	
TITLE	BOSCH, JORGE	POOCH PAPOE		2 NAME						
NAME:	C/O 200 S.BISCAYNE BLVD STE 4800				MUDDLCC					
STREET ADDRESS	MIAMI FL 33131	3.5	_	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP						
CITY-ST-ZIP	STD			1 TITLE	0-28			☐ Chang	je 🔲 Addition	
TITLE	SOSA, CARLOS	د ا		2 NAME						
NAME CYDECT ADDRESS	C/O 200 S.BISCAYNE BLVD 4800			3.3 STREET ADDRESS						
STREET ADDRESS	MIAMI FL 33131			4 CITY - 5						
CIPY-ST-ZIP		П		. 1 TITLE	<u>''"</u>			Chang	je 🔲 Addition	
NAME				2 NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			1	4 CHY - S						
TITLE			1 TITLE				Change Addition			
NAME				2 NAME						
STREET ADDRESS					ADDRESS					
				4 OTY-5						
CITY - ST - ZIP				1 TITLE	^ .! 			☐ Char	ge 🔲 Addition	
		L., -		2 NAME					-	
NAME PAGEST ADDRESS					ADDRESS					
STREET ADDRESS	'			64 C/TY-5						
CITY-ST-ZIP	1	the data and the Colonia day and	D D	radidos		for the exemption stated in Section 119	07/37/k) E	Iorida Sta	states I further	

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)(k). 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 absorbinent with an address.

SIGNATURE:

NING OFFICER OR DIRECTOR

Feb 29, 1996 (5022) 767360

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actions were authorized, approved and consented to prior to their commission even if such person was not an officer and/or director at the time such act was committed.

Dated this _/_ day of, 1	996.					
DIRECTOR'S NAME	SIGNATURE					
- JORGE A. BOSCH GUTIERREZ	Jogobard					
SHAREHOLDER'S NAME	<u>SIGNATURE</u>					