Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90113 046 ***150.00

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

DOCUMENT # P97000028413

1. Corporation Name

ABLE'S (FLYING, INC.						
D: de al Disco	A D	Mailing Address			<u> </u>	- BÎRNE HEBA HEMA BIREK	
Principal Place		Mailing Address					
18390 SW 156T	H STREET	18390 SW 156TH STREET #16			(
, #16 #16 Miami Fl 33187 Miami Fl 33187					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed		
					03/28/1997	. *	
2. Principal Pl	ace of Business	2a. Mailing Address	•		4. FEI Number	Apr	plied For
21		26			65-0740629	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	dditional
22		27			5. Certificate of Status Desired	Fee Re	quired
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current ye		
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent	{
			8	1 Name	•		
HERA, ABEL A			8:	2 Street Add	Iress (P.O. Box Number is Not Acceptable)		
18390 SW 156TH STREET				00017122			<u>.</u>
#16			8	3			}
MAN	11 FL 33187	•	8			85 Zip C	ode
			•	4 City		FL S Z S	.000
l office or re	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was au ions of, Section 607.0505, Flor	uthorized b rida Statute	y the corporati	poration submits this statement for the purpoint's board of directors. I hereby accept the	appointment as reg	jistered
12.	Signature, typed or printed name of registered agent		13.	ent algnature require	ADDITIONS/CHANGES TO OFFICER		 RS IN 12
TITLE	D	DELETE	1.1 TITLE		Applitologian account of the	Change	☐ Addition
NAME	HERA, ABEL A		1.2 NAME				
i	18390 SW 156TH ST, STE 16			ET ADDRESS			
STREET ADDRESS	MIAMI FL 33187		1.4 CITY-				
CITY-ST-ZIP TITLE			2.1 TITLE			☐ Change	Addition
1			2.2 NAME			_ ,	
NAME	HERA, ABEL A 18390 SW 156TH ST, STE 16		•				ļ
STREET ADDRESS				ET ADDRESS			- [
CITY-ST-ZIP	MIAMI FL 33187	DELETE	2.4 CITY 3.1 TITLE			☐ Change	Addition
TITLE			ı			_ e <u>.</u> go	
NAME			3.2 NAME		,		ĺ
STREET ADDRESS			1	ET ADDRESS	* ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
CITY-ST-ZIP		C) pricts	3.4. CITY			Change	Addition
TITLE		☐ DELETE	4.1 TITLE			☐ Ollarige	
NAME			4. 2 NAM				1
STREET ADDRESS			4.3 STRE	ETADORESS			
CITY-ST-ZIP			4.4 CITY-			Chance	- Addition
TITLE		☐ DELETE	5.1 TITLE	l l	•	Change .	Addition
NAME			5.2 NAME				1
STREET ADDRESS				ET ADDRESS		إستناك ميا الريد	Ì
CITY-ST-ZIP			5.4 CITY-				——————————————————————————————————————
TITLE		☐ DELETE	6.1 TITLE	- 1		Change	☐ Addition

CITY-ST-ZIP 14. Thereby 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: 🔀

NAME

STREET ADDRESS