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FILED

May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000092020 (4)

1. Corporation Name

CLASSIC AVIATION OF VC CORP.



Principal Place of Business

11484 SW 149 COURT  
MIAMI FL 33196

Mailing Address

11484 SW 149 COURT  
MIAMI FL 33196-4324

3. Date Incorporated or Qualified

12/21/1994

3a. Date of Last Report

04/22/1996

2. Principal Place of Business

21 15530 S.W. 115 Terr.  
Suite, Apt. #, etc.

22 City & State

23 MIAMI FL

24 33196

25 USA

2a. Mailing Address

26 15530 S.W. 115 Terr.  
Suite, Apt. #, etc.

27 City & State

28 MIAMI FL

29 33196

30 USA

4. FEI Number

65-0546841

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MONTIEL, CLAUDIA F  
11484 SW 149 COURT  
MIAMI FL 33196

10. Name and Address of New Registered Agent

81 Name

82 Maglio J Montiel

83 Street Address (P.O. Box Number is Not Acceptable)

15530 S.W. 115 Terrace

84 City

MIAMI

FL

85 Zip Code

33196

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 qualifications of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*  
Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

03/18/97

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE  
NAME MONTIEL, MAGLIO J  
STREET ADDRESS 11484 SW 149 COURT  
CITY-ST-ZIP MIAMI FL 33196

TITLE VSD ☐ DELETE  
NAME MONTIEL, CLAUDIA F  
STREET ADDRESS 11484 SW 149 COURT  
CITY-ST-ZIP MIAMI FL 33196

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 15530 S.W. 115 Terrace  
1.4 CITY-ST-ZIP MIAMI FL 33196

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 15530 S.W. 115 Terrace  
2.4 CITY-ST-ZIP MIAMI FL 33196

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)