## 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 # 253234

1. Corporation Name

CROSS AERO CORP.

## **FILED** May 05, 1999 8:00 am Secretary of State

05-05-1999 90071 021 \*\*\*150.00



| Principal Place                           | e of Business  | М             | ailing Address          |               |                    |                     | ( 1884) 4 (188 (188 (188 (188 (188 (188 (188 (1      | . 4191 91911 911 | , <b> .</b>                    |          | ** 41911 1481 |  |
|---|--|---------------|-------------------------|---------------|--------------------|---------------------|--|------------------|--------------------------------|----------|---------------|--|
| 7690 SW 133RD STREET 7690 SW 133RD STREET |  |               |                         |               |                    |                     |  |                  |                                |          |               |  |
| MIAMI FL 33156 MIAMI FL 33156             |  |               |                         |               |                    |                     | DO NOT WRITE IN THIS SPACE                           |                  |                                |          |               |  |
|   |  |               |                         |               |                    |                     |  | E IN THIS S      | PACE                           |          | <del></del>   |  |
|   |  |               |                         |               |                    |                     | 3. Date Incorporated or Qualifed 11/17/1961          |                  |                                |          |               |  |
| 2. Principal Place of Business            |  |               | 2a. Mailing Address     |               |                    |                     | 4. FEI Number  |                  | _ [_!                          | Appl     | ied For       |  |
| 21  |  |               |                         |               |                    |                     | 59-0948581   |                  | Not Applicable                 |          |               |  |
| Suite, Apt. #, etc.                       |  |               | Suite, Apt. #, etc.     |               |                    |                     | 5. Certifcate of Status Desired                      |                  | \$8.75 Additional Fee Required |          |               |  |
| City & State                              |  |               | City & State            |               |                    |                     | 6. Election Campaign Financing                       |                  | \$5.                           | 00 м     | av Be         |  |
| 23  |  | 28            |                         |               |                    |                     | Trust Fund Contribution                              |                  |                                | ded to   | •             |  |
| Zip                                       | Country  |               | Zip Country             |               |                    |                     | 8. This corporation owes the current year Intangible |                  |                                |          |               |  |
| 24  | 25   | 29            |                         | 30            |                    |                     | Personal Property Tax.                               |                  |                                |          |               |  |
|   | 9. Name and Address of Curre   | nt Regis      | stered Agent            |               |                    |                     | 10. Name and Address of New Re                       | gistered A       | gent                           |          |               |  |
|   |  |               |                         |               | 81                 | Name                |  |                  |                                |          |               |  |
|   | NUEL, JOSEPH   |               |                         |               | 82                 | Ctroot Add          | ress (P.O. Box Number is Not Acceptat                | <u>اما</u>       |                                |          |               |  |
| 13200 SW 128TH ST, SUITE F-2              |  |               |                         |               | 02                 | Street Add          | ress (P.O. Box Number is Not Acceptat                | ле)              |                                |          |               |  |
|   | E 208  |               |                         |               | 83                 |                     |  |                  | _                              |          |               |  |
| MIAI                                      | /II FL 33186   |               |                         |               |                    |                     |  |                  | 15-1                           | 7:- 0-   |               |  |
|   |  |               |                         |               | 84                 | City                |  | FL               | 85                             | Zip Co   | oce (         |  |
| 11 Pursuant                               | to the provisions of Sections 607.05   | 02 and 6      | 607.1508. Florida Statu | tes the al    | OOVE               | e-named core        | poration submits this statement for the p            | urnose of o      | hangin                         | g its re | gistered      |  |
| office or re                              | egistered agent, or both, in the State<br>in familiar with, and accept the oblig   | e of Florie   | da. Such change was :   | authorized    | by '               | the corporati       | on's board of directors. I hereby accept             | the appoin       | tment a                        | s regis  | stered        |  |
| SIGNATURE                                 | The terminal with the constraint of the constrai |               | ,,                      |               |                    |                     |  |                  |                                |          |               |  |
|   | Signature, typed or printed name of registered ag  | ent and title | if applicable (NOT      | E: Registered | Agen               | t signature require | ed when reinstating)                                 | DATE             |                                |          |               |  |
| 12.                                       | OFFICERS A   | ND DIRE       |                         | 13.           |                    |                     | ADDITIONS/CHANGES TO OFF                             | ICERS AND        |                                |          |               |  |
| TITLE                                     | V  |               | ☐ DELETE                | 1.1 717       | LE                 |                     |  |                  | Char                           | nge      | ☐ Addition    |  |
| NAME                                      | CRAWFORD, JAY K  |               |                         | 1.2 NA        | ME                 |                     |  |                  |                                |          | į             |  |
| STREET ADDRESS                            | 7690 SW 133RD ST   |               | 1.3 S                   |               | 1.3 STREET ADDRESS |                     |  |                  |                                |          |               |  |
| CITY-ST-ZIP                               | MIAMI FL   |               |                         | 1.4 CF        | Y-51               | T-ZIP               |  |                  |                                |          |               |  |
| TITLE                                     | ☐ DELETÉ 2   |               |                         | 2.1 TIT       | LE                 |                     |  |                  | Char                           | nge      | ☐ Addition    |  |
| NAME                                      | MARZLEY, H.M.  |               |                         | 2.2 NA        | ME                 |                     |  |                  |                                |          |               |  |
| STREET ADDRESS                            | 7690 SW 133RD ST   |               |                         | 2.3 ST        | REET               | ADDRESS             |  |                  |                                |          |               |  |
| CITY-ST-ZIP                               | MIAMI FL   |               |                         | 2. 4 CI       | TY-S               | T-ZIP               |  |                  |                                |          |               |  |
| TITLE                                     | D  |               | ☐ DELETE                | 3.1 TI        |                    |                     |  |                  | Char                           | nge      | ☐ Addition    |  |
| NAME                                      | CRAWFORD, F. J.  |               |                         | 3.2 NA        | MË                 |                     |  |                  |                                |          |               |  |
| STREET ADDRESS                            | 7690 SW 133RD ST   |               |                         |               | TREET ADDRESS      |                     |  |                  |                                |          |               |  |
| CITY-ST-ZIP                               | MIAMI FL   |               |                         | 3.4. CI       |                    |                     |  |                  |                                |          |               |  |
| TITLE                                     |  |               | ☐ DELETE                | 4.1 7(7       |                    |                     |  |                  | Char                           | nge      | Addition      |  |
| NAME                                      |  |               |                         | 4. 2 N        | ME                 |                     |  |                  |                                |          |               |  |
| STREET ADDRESS                            |  |               |                         |               |                    | ADORESS             |  |                  |                                |          |               |  |
| CITY-ST-ZIP                               |  |               |                         | 4.3 ST        |                    | ľ                   |  |                  |                                |          |               |  |
| TITLE                                     |  |               | ☐ DELETE                | 5.1 TIT       |                    | 1-21                |  |                  | [] Chai                        | nge      | Addition      |  |
|   |  |               |                         | 5.2 NA        |                    |                     |  |                  | _                              | -        | _             |  |
| NAME                                      |  |               |                         |               |                    | ADDRESS             |  |                  |                                |          |               |  |
| STREET ADDRESS                            |  |               |                         | 5.4 CF        |                    |                     |  |                  |                                |          |               |  |
| CITY-ST-ZIP                               |  |               | ☐ DELETE                | 6.1 TII       |                    |                     |  |                  | [ ] Char                       | nge      | Addition      |  |
| TITLE                                     |  |               |                         | 6.2 NA        |                    |                     |  |                  |                                | •        |               |  |
| NAME                                      |  |               |                         | B.            |                    | ADDRESS             |  |                  |                                |          |               |  |
| STREET ADDRESS                            |  |               |                         | 6.4 CF        |                    |                     |  |                  |                                |          |               |  |
| CITY_ST_7ID                               |  |               |                         | ■ 0.4 Cl      | ı r - Ə I          | 1-417               |  |                  |                                |          |               |  |

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 air attachment with an address, with all other like empowered. Block 12 or Block 13 if changed or

SIGNATURE:

H. Marzley, Treas.