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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 PM 8:34

DOCUMENT # **491075** **(8)**

1. Corporation Name

COMMERCIAL AVIATION ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~9044 SANTIAGO CIR~~ ~~BOCA RATON FL 33433~~ US	~~9044 SANTIAGO CIR~~ ~~BOCA RATON FL 33433~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1976
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1655519	☐ Applied For ☐ Not Applicable
21 1575 W. COMM'L	26 1575 W. COMM'L		
22 Suite, Apt. #, etc. BLVD	27 Suite, Apt. #, etc. BLVD.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City FT. LAUDERDALE	28 City & State FT. LAUDERDALE	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip 33309 25 County U.S.	29 Zip 33309 30 County US.	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

MAESTRALES, GUS PETER
~~2345 NW 49RD CT~~
~~BOCA RATON FL 33431~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box) 1575 W. COMM'L BLVD.
83
84 City FT. LAUDERDALE FL 85 33309

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Gus Maestrales — GUS MAESTRALES — 6/2/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	MAESTRALES, GUS PETER	12 NAME	
STREET ADDRESS	~~9044 SANTIAGO CIR~~	13 STREET ADDRESS	1575 W. COMM'L BLVD
CITY-ST-ZIP	~~BOCA RATON FL~~	14 CITY-ST-ZIP	FT. LAUDERDALE FL 33309
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 attachment with an address.

SIGNATURE: Gus Maestrales — 6/2/95 — 305 491-3170
SIGNATURE AND TYPED OR PRINTED NAME OF BONAFIDE OFFICER OR DIRECTOR — Date — Daytime Phone #

GUS MAESTRALES

0240010 CP