

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 513733 (6)
1. Corporation Name
CARIBE AVIATION, INC.

Principal Place of Business
2200 NORTH WEST 84 AVENUE
MIAMI FL 33122

Mailing Address
2200 NORTH WEST 84 AVENUE
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1976

4. FEI Number

59-1710967

Applied For
Not Applicable

5. Certificate of Status Desired

☒ NO \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

QUEVEDO, BENITO
301 COSTA BRAVA CT
CORAL GABLES FL 33174

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VS
NAME QUEVEDO, DAMARIS
STREET ADDRESS 400 S POINTE DR #602
CITY-ST-ZIP MIAMI BEACH FL

☒ DELETE

TITLE PD
NAME QUEVEDO, BENITO
STREET ADDRESS 301 COSTA BRAVA CT.
CITY-ST-ZIP CORAL GABLES FL

☒ DELETE

TITLE T
NAME QUEVEDO, MARTHA
STREET ADDRESS 301 COSTA BRAVA CT.
CITY-ST-ZIP CORAL GABLES FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR, CEO COB
1.2 NAME DALES S. BAKER
1.3 STREET ADDRESS 2200 NW 84 AVE
1.4 CITY-ST-ZIP MIAMI FL 33172

Change ☒ Addition

2.1 TITLE P
2.2 NAME BENITO QUEVEDO
2.3 STREET ADDRESS 301 COSTA BRAVA CT
2.4 CITY-ST-ZIP CORAL GABLES FL 33174

☐ Change ☒ Addition

3.1 TITLE VP S.T. COB
3.2 NAME JOSEPH E. CIVILIZTO
3.3 STREET ADDRESS 2200 NW 84 AVE
3.4 CITY-ST-ZIP MIAMI FL 33172

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 an attachment with an address.

SIGNATURE

CR2E034 (10/97)