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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATÈ

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 634165

HIAI FAH AIR SERVICE. INC.

HINLENH	WILL OCHAIOE, INC.							(1)	
Principal Place	of Business	Mai	ing Address			_			
9695 NW 79TH AVENUE			P.O. BOX 651540						
12			MIAMI FL 33265-1540				DO NOT WRITE IN THIS SPACE		
HIALEAH GARDI	ENS FL 33016	US	us ·			,	3. Date Incorporated or Qualifed		
US							08/15/1979		
		1 0-	Mailing Address				4. FEI Number	App	lied For
	ace of Business		Mailing Address				59-1964044	Not	Applicable
21		26	Suite, Apt. #, etc.					\$8.75 A	dditional
Suite, Apt. :		27		 -		74	5. Certifcate of Status Desired	Fee Rec	quired
City & State		- 2'	City & State				6. Election Campaign Financing	\$5.00	Vlay Be
23	•	28	- 7				Trust Fund Contribution	Added to	Fees
Zip Country			Zip Country				8. This corporation owes the current year Intangible		
24 25			30			Personal Property Tax.			
	9. Name and Address of Curre	nt Regist	ered Agent				10. Name and Address of New Register	ed Agent	
				- F	81	Name			
HUG	GETT, NORMAN			<u> </u>	82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	EAH AIR SERVICE INC.					Oli Col Madro			
HIAL	EAH GARDENS FL 33016			7	83				
				<u> </u>	84	City		85 Zip C	ode
				1		•		┍┖┈┆╶╎	
	to the provisions of Sections 607.05 egistered agent, or both, in the State or familiar with, and accept the oblig		Section 607.0505, Flori	da Statut	tes.	ne corporation	ration submits this statement for the purpose's board of directors. I hereby accept the a		jistered
SIGNATURE	Signature, typed or printed name of registered age				gent	signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		PS IN 12
12	OFFICERS A	ND DIRE		13.		<u>-</u>	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
TITLE !	PTD		☐ DELETE	1.1 TITL		1		_ ,	_
NAME	HUGGETT, NORMAN K.			1.2 NAV					
STREET ADDRESS	1161 S.W. 99TH COURT					ADDRESS			·
CITY-ST-ZIP	MIAMI FL		☐ DELETE	1.4 CITY		-ZIP		Change	Addition
TITLE			DELETE	2.1 TITL					
NAME				2.2 NAA	ME				Addition
STREET ADDRESS						ADDRESS I			
CITY-ST-ZIP			-	2.3 STR			القارب والمستوسي الوالية ملاء والسيلة	• »	
TITLE			□ neiette	2.4 cm	TY-ST		and the second second second	Change	Addition
NAME	·		☐ DELETE	2.4 CM 3.1 TM	TY-ST			Change	
			DELETE	2.4 CIT 3.1 TITL 3.2 NAM	TY-ST LE ME	r-ZIP		Change	
STREET ADDRESS			DELETE	2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	TY-ST LE ME	ADDRESS		Change	
CITY-ST-ZIP				2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT	TY-ST LE ME REET	ADDRESS		☐ Change	
CITY-ST-ZIP TITLE		,	□ DELETE	2.4 CT 3.1 TTT 3.2 NAM 3.3 STR 3.4. CTT 4.1 TTTL	TY-ST LE ME REET, TY-ST LE	ADDRESS			☐ Addition
CITY-ST-ZIP TITLE NAME				2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITL 4.2 NA	TY-ST LE ME REET, TY-ST LE	ADDRESS			☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS				2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 3.4. CIT 4.1 TITL 4.2 NAM 4.3 STF	TY-ST LE ME REET. TY-ST LE VME	ADDRESS ADDRESS			☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STF 4.4 CIT	TY-ST LE ME REET, TY-ST LE MME REET, Y-ST	ADDRESS ADDRESS			☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				2.4 CM 3.1 TM 3.2 NAM 3.3 STF 3.4. CM 4.1 TM 4.2 NAM 4.3 STF 4.4 CM 5.1 TM 5.1 TM	TY-ST LE ME REET. IY-ST LE WME REET. Y-ST-	ADDRESS ADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		gave-u	☐ DELETE	2.4 CM 3.1 TM 3.2 NAA 3.3 STR 3.4 CM 4.1 TM 4.2 NA 4.3 STR 4.4 CM 5.1 TM 5.2 NAV	IY-SI LE ME REET, IY-SI LE REET, Y-SI LE	ADDRESS -ZIP ADDRESS -ZIP		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	2.4 CM 3.1 TM 3.2 NAA 3.3 STF 3.4. CM 4.1 TM 4.2 NA 4.3 STF 4.4 CM 5.1 TM 5.2 NAV 5.3 STF	ME ME ME ME MY-ST LE MME ME MY-ST LE MME ME REET ME ME ME ME ME REET	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	2.4 CM 3.1 TM 3.2 NAA 3.3 STR 3.4 CM 4.1 TM 4.2 NA 4.3 STR 4.4 CM 5.1 TM 5.2 NAV	IY-ST LE REET, IY-ST LE WME REET, WE REET	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NA 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR 5.4 CIT 6.1 TITL	TY-ST LE ME TY-ST LE ME REET. Y-ST LE ME REET TY-ST	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP		☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			DELETE	2.4 C/I 3.1 TITI 3.2 NAM 3.3 STF 3.4. C/I 4.1 TITI 4.2 NA 4.3 STF 4.4 C/I 5.1 TITI 5.2 NAM 5.3 STF 5.4 C/I 6.1 TITI 6.2 NAM	TY-ST LE ME TY-ST LE ME REET, Y-ST LE ME REET TY-ST	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP		☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	THE CHARLES		DELETE	2.4 C/I 3.1 TITI 3.2 NAM 3.3 STF 3.4. C/I 4.1 TITI 4.2 NA 4.3 STF 4.4 C/I 5.1 TITI 5.2 NAM 5.3 STF 5.4 C/I 6.1 TITI 6.2 NAM	TY-ST LE ME TY-ST LE ME REET, Y-ST LE ME REET TY-ST	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP		☐ Change	Addition 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90059 020 ***150.00