

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **844278** (2)

1. Corporation Name

AIR FLITE OPERATIONS, INC.

Principal Place of Business

**950 SE 12TH ST
HIALEAH FL 33010**

Mailing Address

**950 SE 12TH ST
HIALEAH FL 33010**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/02/1979

3a. Date of Last Report

08/10/1994

4. FEI Number

59-2073398

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FINAZZO, NICOLAS
950 SE 12TH STREET
HIALEAH FL 33010**

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 607.0502 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPC
BATCHELOR, GEORGE E.
950 SE 12TH ST
HIALEAH FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
BATCHELOR, ANNE O
950 SE 12TH STREET
HIALEAH FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HIGGINS, JOHN
950 SE 12TH ST
HIALEAH FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MESECHER, BOYD
950 SE 12TH ST.
HIALEAH FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
DAWSON, HUMPHREY
950 SE 12TH ST.
HIALEAH FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12/

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☒ Addition
**D MARIANNE T. BATCHELOR
950 SE. 12TH ST.
HIALEAH, FL. 33010**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☒ Addition
**VAS NICOLAS FINAZZO
950 SE. 12TH ST.
HIALEAH, FL. 33010**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☒ Addition
**V RAYMOND J. WALKER
950 SE. 12TH ST.
HIALEAH, FL. 33010**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Anne O. Batchelor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANNE O. BATCHELOR - SECRETARY

2-7-95
Date

(305) 889-6000
Telephone Number