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

PROFIT CORPORATION ANNUAL REPORT **1997** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 858191

(0)

MIAMI AIRCRAFT SUPPORT, INC.

FILED Jan 29 1997 8:00am Secretary of State

Principal Place	e of Business	Malling Address								
% ROTH 1500 SAN REMO AVE#176 CORAL GABLES FL 33146		% ROTH 1500 SAN REMO AVE#176 CORAL GABLES FL 33146-3041					i			
								te of Last I  4/1996	e of Last Report 4/1996	
	ace of Business	2a. Mailing Address			4, FEI Number				Applied For	
21		26			59-2096579				lot Applicable	
Suite, Apt.	#, elc	Suite, Apt. #, etc.			5. Certificate of Status Des	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & State	?	City & State			6. Election Campaign Fina Trust Fund Contribution	ncing			May Be to Fees	
Zip 24	Country 25	Zip 29	Coun	try	8. This corporation has liak Florida Statutes			tax under	s. 199.032,	
24	9. Name and Address of Curre		[30]		10. Name and Address of			<del></del>		
CT (	CORPORATION SYSTEM			31 Name				· <del>*</del>		
	CT CORPORATION SYSTEM		1	32 Stree	Address (D.O. Boy Number is Not A	anantah	lo)	<del></del>		
	SOUTH PINE ISLAND RD.			82 Street Address (P.O. Box Number is Not Acceptable)						
	NTATION FL 33324		[8	33						
				34 City			FL	<b>85</b> Zip	Code	
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508. Florida Statu	ites, the abo	ove-name	corporation submits this statement	for the p	urpose of	changing	its registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the oblice.	e of Florida. Such change was	authorized	by the co	rporation's board of directors. I herel	y accer	t the appo	ointment a	s registered	
	in familiar with, and accept the our g	gations of, accitor 607.0000, 1	Onda Olala	100.						
SIGNATURE	Signatine, typed or printed name of registered ag	perr and title if applicable (NO	TE Registered	Agent signat,	re required when reinstating)		DATE			
12.		VD DIRECTORS	13.		ADDITIONS/CHANGES T	O OFFIC	ERS AND			
TITLE	PD	☐ DELETE	1.5 1110	E				Change	Addition	
NAME	ROMEO, TONY		1.2 NAN	AE .						
STREET ADDRESS	1500 SAN REMO AVE.,#176		1.3 STR	EET ADDRESS						
CITY+ST-ZIP	CORAL GABLES FL		1.4 CIT	r-ST-ZIP						
TITLE	VD	DELETE	2.1 TITE	E				Change	Addition	
NAME	MICALE, CHARLES A.		2.2 NAN	AE						
STREET ADDRESS	1500 SAN REMO AVE.,#176		2.3 STR	eet address						
CHY-ST-ZIP	CORAL GABLES FL			Y - ST - ZIP					Name of	
TITLE	ST PALE A	[] DELETE	3.1 TITL					Change	☐ Addition	
NAME	ROMEO, PAULA		3.2 NAA						ı	
STREET ADDRESS	1500 SAN REMO AVE.,#176			eet address						
CITY-ST-ZIP	CORAL GABLES FL	DELETE		Y - ST - ZIP	<b>1</b>			Change	Addition	
TITLE		רו הנונונ	4.1 TITL					T CURING	☐ Mutitions	
NAME ODDEST ADDRESS			4. 2 NA	me Eet address						
STREET ADDRESS										
CITY-ST-74P THLE		DELETE	5.1 TITL	r-st-zip F				Change	Addition	
NAME		- Decemb	5.1 III.						British / April 1971	
STREET ADDRESS				ae Eet address						
CHY-SI-ZIP				rei Addiness Y-ST-ZIP						
TITLE		☐ DELETE	6 1 TITL		<del>                                     </del>	***************************************		Change	Addition	
NAME			62 NAM					_ •	_	
STREET ADDRESS	•			eet address	1. Links					
CITY-SI-ZIP				Y-ST-ZIP						
<b>14.</b> I do heret	L by certify that the information supply	ed with this filing does not qua			stated in Section 119.07(3)(i), Florida	Statute	s. I further	certify the	at the	

14. I do 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:** 



Daytime Prione #

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