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

**CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(6)

**FAST WINGS CORPORATION** 

**FILED** May 19 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address				ilibit Atan Alan Alan Bit	411 01811 1001	
8306 MILLS DR. 8306 HILLS DR.								
STE 301 #301								
	MIAMI FL 33183 MIAMI FL 33183 US US				DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualified 03/18/1981			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		applied For	
21 8567	Coral Way	26 8567 Cora/ W	lau		59-2073178	<del></del>	lot Applicable	
	, Apt. #, etc. Suite, Apt. #, etc.						Additional	
22 Sui/e	# 289	27 Suje # 289			5. Certificate of Status Desired	Fee P	Required	
City & State 23 M/3/0		Sity & State  28 Hiami - FL			6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees	
Zip 24 33/55	Country	71p 29 33/55 30	Country		8. This corporation owes or has paid the			
24 33/95	25 USA 9. Name and Address of Current	11	<u> </u>	<u>H</u>	Personal Property Tax due June 30.  10. Name and Address of New Register.	·	□ No	
	<del></del>	Hegistered Agent	81	Name	10. Harrie and Address of New Register	an wham		
ROUCO, DANIA 2895 BISCAYNE BLVD #482 MIAMI FL 33137								
				Street Addi	dress (P.O. Box Number is Not Acceptable)			
17117	WIII 1 E 9010/		83					
			84	City		. 85 Zip	Code	
				1,	F	FL   **		
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 typod or prodod name of registered agont and little if applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND		13.	ant signators regar	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	NARNESI, HORACIO A.		1.2 NAME					
STREET ADDRESS	*** · · · · · · · · · · · · · · · · · ·		1.3 STREE	T ADDRESS			}	
CITY-ST-ZIP	MIAMI FL 1.4C		1.4 CHTY-5	ST-ZIP				
TITLE	<del></del>		21 TITLE			Change	Addition C	
NAME	UJAQUE, GRACIELA S.	1	2 2 NAME					
STREET ADDRESS	<b>83</b> 06 MILLS DR., STE. 301	2 40		T ADDRESS				
CITY-ST-ZIP	MIAMI FL			ST - ZIP				
TITLE			3.1 TITLE			☐ Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS		•		T ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY- 4.1 TITLE	SI-ZIP	and the same of th	Change	Addition	
NAME			4.1 IIILE					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CITY-3					
TITLE		☐ DELETE	5.1 TITLE	01-211		Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		•	5.4 CITY-1	]				
TITLE		DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME				İ	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			6.4 CITY -	ST-ZIP				
14. I hereby c	ertify that the information supplied wit	h this filing do is not qualify for th	e exemp	otion stated in	Section 119.07(3)(i), Florida Statutes. I furthe	r certify that th	e information	

indicated on this annual report or supplemental arnual 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 true to 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 vity an address.