

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90028 004 ***150.00

DOCUMENT # F68082

1. Corporation Name

TECHNICAL AVIATION SERVICES, INC.



Principal Place of Business

~~1000 NW 70 AVE~~
~~MIAMI FL 33126~~
US

Mailing Address

P.O. BOX 661458
MIAMI SPRINGS FL 33266-458
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1982

4. FEI Number

59-2163285

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 6555 NW 36 STREET

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

219

27 Suite, Apt. #, etc.

23 City & State

VIRGINIA GARDENS FL

28 City & State

24 Zip

33166

Country

25 U.S

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MARTINEZ (CEFERINO R.)~~
~~5553 NW 36 ST. SUITE F~~
~~MIAMI SPRINGS FL 33166~~

81 Name ALBERTY (ALBERTO A.)

82 Street Address (P.O. Box Number is Not Acceptable)
8540 SW 33 TERRACE

83

84 City MIAMI

FL

85 Zip Code

33155

11. Pursuant to the provisions of Sections 607.0302 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ALBERTY (ALBERTO A.)

STREET ADDRESS 8540 SW 33 TERRACE

CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE

NAME ALBERTY (ALBERTO A.)

STREET ADDRESS 8540 S.W. 33 TERRACE

CITY-ST-ZIP MIAMI FL

TITLE TD ☐ DELETE

NAME ALBERTY, GUSTAVO A

STREET ADDRESS 11243 SW 112 TER

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 30, 1999

Date

Daytime Phone #

305 526-1170

CR2E034 (11/98)

0276419