COF ANNU	FILE NOW: FILING FEE PROFIT CORPORATION ANNUAL REPORT		TER MAY 1 IS \$550.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				FILED Sep 08 1997 8:00am Secretary of State				
DOCUMENT # F93000002983 (5) 1. Corporation Name CHABEL AVIATION, INC. Principal Place of Business C/0 200 S.E. BISCAYNE BLVD SUITE 4800 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 1 26											
MIAMI FL 3313		MIAM 28. N	II FL 33131	·			4. FEI Number			Report pplied For lot Applicable	
	#, etc.		iuite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional leguired	
City & State	0		ity & State				6. Election Campaign Financing		\$5.00	May Be	
Zip 24	Country 25		ip	30 Co	untry		Trust Fund Contribution 8. This corporation has liability fo	intangible			
		as of Current Register	red Agent	30	81 Name	I	Florida Statutes 10. Name and Address of New R				
MIAN	TE 4800 MI FL 33131 to the provisions of Soctin egistered agont, or both,	ons 607.0502 and 607 in the State of Florida.	.1508, Florida Statu Such change was	ites, the a authorize	83 84 City bove-named c d by the corpo	orpora	ation submits this statement for the 's board of directors. I hereby acc	FL purpose of put the app		Code its registered	
SIGNATURE											
12.		FICERS AND DIRECT		13.	d Agent signature re	equired v	ADDITIONS/CHANGES TO OFF	DATE CERS AND	DIRECTO	RS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TRIGUEROS, MANUI C/O 200 S.BISCAYN MIAMI FL 33131		DELETE						Change	Addition	
TITLE NAME STREET ADDRESS	VDAS BOSCH, JORGE C/O 200 S.BISCAYN	ie Blvd ste 4800	DELETE	2.1 T 2.2 N 2.3 S	TLE AME IREE1 ADDRESS				Change	Addition	
City-st-zip Title NAME STREET ADDRESS	MIAMI FL 33131 STD SOSA, CARLOS C/O 200 S.BISCAYN	ie Blvd 4800	DELETE	3.1 TI 3.2 N	1				Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	<u>Miami FL 33131</u>		DELETE	4.1 Tr 4. 2 N					Change	Addition	
XITY - 5T - ZIP Intle IAME STREET ADORESS			DELETE	5.1 TI 5.2 N					🛄 Change	Addition	
CITY-ST-ZIP IITLE VAME STREET ADDRESS			DELETE	6.1 TI 6.2 N/ 6.3 SI	ME REET ADDRESS				Change	Addition	
CITY-ST-ZIP 14. I do hereb Information	y certify that the informat n indicated on this annua ficer or director of the co n Block 12 or Block 13 if	I report or supplement	al annual report is f er or trustee em ov	6.4 Cl ify for the true and a vered to e dress.	TY-ST-ZIP exemption sta iccurate and th execute this rep	hat my port as	Section 119.07(3)(i), Florida Statul signature shall have the same leg required by Chapter 607, Florida	al effect as Statutes; ar	if made un nd that my r	der oath; that name	

ŀ