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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

FIESTA AIR, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 8710 KING GEORGE CT 8710 KING GEORGE CT POMFRET MD 20675 POMFRET MD 20675 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/25/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2317190 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DIAZ DEL CASTILLO, ALFONSO 81 Name 1200 NW 34 AVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33125** 83 City 85 Zip Code 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 liftle if applicable (NOTE: Registered Agent eignature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition DIAZ DEL CASTILLO, ALFONSO NAME 1.2 NAME CR2E034 8710 KING GEORGE COURT STREET ADDRESS 1.3 STREET ADDRESS POMFRET MD CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE __ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.1 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change __ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS CITY-ST-ZIP 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 any to 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 received cylinstree empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes to the composition with an address.

SIGNATURE: