FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 6:57

DOCUMENT # **G69898** **(6)**

1. Corporation Name
C.A.F. AIRLINE SERVICES, INC.

Principal Place of Business	Mailing Address
7220 N.W. 36TH STREET SUITE 245 MIAMI FL 33166 US	~~1-1404 ORISKELL AVE~~ ~~#-700~~ ~~MIAMI FL 33101~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/21/1983	03/11/1994

2. Principal Place of Business	2a. Mailing Address
21	26 1150 N.W. 72 AVE PH T.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 PH
City & State 23	City & State 28 MIAMI, FLA.
Zip / Country 24 / 25	Zip / Country 29 33126 / 30 USA.

4. FEI Number: 59-2343771 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROJAS STEWART, RICARDO A 7270 N.W. 36TH ST. SUITE #245 MIAMI FL 33166	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
(Signature (s) must be printed name of registered agent and the officer) (NEW) Registered Agent signature required when necessary

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☑ Change ☐ Addition
NAME	ROJAS STEWART, RICARDO A	12 NAME	
STREET ADDRESS	7220 N.W. 36TH ST. #245	13 STREET ADDRESS	1150 N.W. 72 Avenue PH
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI, FLA 33126
TITLE	DV	21 TITLE	☑ Change ☐ Addition
NAME	ESPINOZA TIRADO, JORGE R	22 NAME	
STREET ADDRESS	7220 N.W. 36TH ST. #245	23 STREET ADDRESS	1150 N. W. 72 Avenue PH
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	MIAMI, FLA 33126
TITLE	DS	31 TITLE	☑ Change ☐ Addition
NAME	ROSPIGLIOSI, MAURICIO S	32 NAME	STEINMANN ROSPIGLIOSI, MAURICIO
STREET ADDRESS	7220 N.W. 36TH ST. #245	33 STREET ADDRESS	1150 N. W. 72 AVENUE PH
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	MIAMI, FLA 33126
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mauricio Steinmann MAURICIO STEINMANN OFF. 3/31/95 305 514 3130
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR (Date) (Telephone Number)

040763 FP