

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 08 1996 8:00 am
Secretary of State

DOCUMENT # **G69898** (6)

1. Corporation Name

C.A.F. AIRLINE SERVICES, INC.

Principal Place of Business

**7220 N.W. 36TH STREET
SUITE 245
MIAMI FL 33166
US**

Mailing Address

**1150 NW 72 AVE, Suite PH
MIAMI FL 33126
US**

2. Principal Place of Business

21 1150 NW 72 Avenue

2a. Mailing Address

25 Suite, Apt. #, etc.

22 Suite PH

27 City & State

23 Miami, FL

28 Zip

24 33126

25 USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**ROJAS STEWART, RICARDO A
7270 N.W. 36TH ST.
SUITE #245
MIAMI FL 33166**

3. Date Incorporated or Qualified
10/21/1983

3a. Date of Last Report
04/04/1995

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

10. Name and Address of New Registered Agent

81 Name ROJAS STEWART, RICARDO A.

**82 Street Address (P.O. Box Number is Not Acceptable)
1150 NW 72 Avenue**

83 Suite PH

84 City Miami

FL

85 Zip Code 33126

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME ROJAS STEWART, RICARDO A
STREET ADDRESS 1150 NW 72 AVE PH
CITY-ST-ZIP MIAMI FL

TITLE DV ☐ DELETE
NAME ESPINOZA TIRADO, JORGE R
STREET ADDRESS 1150 NW 72 AVE PH
CITY-ST-ZIP MIAMI FL

TITLE DS ☐ DELETE
NAME STEINMANN, MAURICIO MAURICIO
STREET ADDRESS 1150 NW 72 AVE PH
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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Returned with frame acceptable time 5/18/96

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******200.00 ****200.00**

CR2E034 (12/95)