FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 (5)

Jan 22 1998 8:00am Secretary of State

AVIATIO	ON FACILIT	TES, INC.		` '										
Principal Plac	e of Business		М	ailing Address					-	1 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
12301 S.W. 132ND CT. 12301 SW 132RD CT 2132 SW 128TH AVE. MIAMI FL 33186 US									DO NOT WRITE IN THIS SPACE					
US									1	ate Incorporated or	Qualified	ı		
										<u> </u>				
2. Principal Place of Business				2a. Mailing Address					4. FE! Number			+	Applied For	
21]				Suite, Apt. #, etc.					-	59-2633834				Not Applicable
Suite, Apt. #, etc.				27					5. C	ertificate of Status I	Desired			Additional Required
City & State				City & State				6. E	lection Campaign F	inancing		\$5.0	0 May Be	
				28				_ [rust Fund Contribut	ion			d to Fees	
Zip	Country			Zip Coi			Country			his corporation owe	s or has p	paid the c		
24	25			29 30										⋈ No
		nd Address of Curr	ent Regis	tered Agent			Γ.		10. N	ame and Address	of New R	Registere	d Agent	
	MIS, JOHN C					81	' ∣	Name						
2132 \$W 128TH AVE.						82 Street Addr			ess (P.O	. Box Number is No	ot Accepta	able)		
MIAMI FL 33175						83								••
							(City				F	85 Zij	p Code
44 Purcuent	to the provision	no of Continue 607 A	600 and 6	07.1508, Florida Statu	itoo th	0.000	Ļ	nomed cores	oration e	ubmite this statem	out for the			ite registered
l office or r	regi ste red ager	nt. or b oth, in the Sta	te of Flori	da Such change was f, Section 607.0505, F	autho	rized by	v It	ne corporatio	ion's boa	ard of directors. I he	ereby acc	ept the ap	opointment a	as registered
SIGNATURE	Stoceture typed by	printed name of registered a	Lount and lillin	ut applicable (NO	1E: Begi	sleved Ane	ent i	signature required	ed when rei	nslating)		DATE		
12.	S. g. Later, 199100 B	OFFICERS A				13.		agricio o rodor oc		DITIONS/CHANGE	S TO OFF		ND DIRECTO	ORS IN 12
TITLE	PD	····		DELETÉ	_	1.1 TITLE				· · · · · · · · · · · · · · · · · · ·			☐ Change	
NAME	LEWIS, JO)HN C.				1,2 NAME								
STREET ADDRESS				1.3 \$			1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL					1.4 CITY - S	31-2	ZIP						
TITLE	DSTD			DELETE	1	2.1 TITLE							Change	Addition
NAME	LEWIS, MA	ARY K			:	2.2 NAME								
STREET ADDRESS	2132 SW	128TH AVE			:	2.3 STREET	AD	ORESS						
CITY-ST-ZIP	MIAMI FL				:	2. 4 CITY-	ST-	ZIP						
TITLE	VD			☐ DELFTE	- [:	3.1 TITLE							☐ Change	Addition
NAME	LEWIS, JOHN C., JR.			33			3.2 NAME							
STREET ADDRESS				3.3 \$			3.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL	<u>33175</u>			:	3.4. CITY - S	S1 -	ZIP						
TITLE				DELETE	- 1	4 1 TITLE							Change	Addition
NAME					1	4. 2 NAME								
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NAME						5.2 NAME								
STREET ADDRESS						5.3 STREET								
CITY-ST-ZIP		· • · · · · · · · · · · · · · · · · · ·		DELETE		5.4 CITY - S	T - Z	<u>96</u>					Change	Addition
TITLE				L.J DELETE		S.1 TITLE							L.J GHANGE	, Li Addicion
						6.2 NAME	ME RET ADDRESS							
STREET ADDRESS					- 6	5.3 STRFET	ΑD	DRESS						

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.