


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90062 047 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H79524**

1. Corporation Name  
**AVIATION FACILITIES, INC.**



Principal Place of Business <b>12301 S.W. 132ND CT. 2132 SW 128TH AVE. MIAMI FL 33186 US</b>	Mailing Address <b>12301 SW 132RD CT MIAMI FL 33186 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/30/1985</b>	
4. FEI Number <b>59-2633834</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>12301 S.W. 132nd CT.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 <b>MIAMI, FL</b>	27 City & State 28
24 Zip <b>33186</b>	25 Country <b>USA</b>
29 Zip <b>33186</b>	30 Country <b>USA</b>

9. Name and Address of Current Registered Agent

**LEWIS, JOHN C.  
2132 SW 128TH AVE.  
MIAMI FL 33175**

10. Name and Address of New Registered Agent

81 Name <b>JOHN C. LEWIS, JR.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2132 S.W. 128th AVENUE</b>
83
84 City <b>MIAMI</b>
85 Zip Code <b>FL 33175</b>

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 *John C. Lewis, Jr.* **JOHN C. LEWIS, JR. PD** **1/11/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEWIS, JOHN C.</b>		1.2 NAME	
STREET ADDRESS <b>2132 S. WEST 128TH AVE.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>DSTD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEWIS, MARY K</b>		2.2 NAME	
STREET ADDRESS <b>2132 SW 128TH AVE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEWIS, JOHN C., JR.</b>		3.2 NAME <b>LEWIS, JOHN C., JR.</b>	
STREET ADDRESS <b>2132 S.W. 128TH AVE.</b>		3.3 STREET ADDRESS <b>2132 S.W. 128th AVENUE</b>	
CITY-ST-ZIP <b>MIAMI FL 33175</b>		3.4 CITY-ST-ZIP <b>MIAMI, FL 33175</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE: *Mary K. Lewis* **MARY K. LEWIS** STD **1/11/99** (305) 378-9413  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)