

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

DOCUMENT # **K86607** (4)

1. Corporation Name

DOBY AVIATION, INC.

Principal Place of Business

**5500 NW 21ST TERR
EXECUTIVE AIRPORT BLDG. 11
FT LAUDERDALE FL 33309**

Mailing Address

**5500 NW 21ST TERR
EXECUTIVE AIRPORT BLDG. 11
FT LAUDERDALE FL 33309**



3. Date Incorporated or Qualified

05/09/1989

3a. Date of Last Report

03/22/1995

4. FEI Number

65-0126779

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

2. Principal Place of Business

21 **761 S.E. 22nd AVE.**

Suite, Apt. #, etc.

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City & State

23 **POMPANO BEACH, FL**

Zip

24 **33062**

Country

25 **U.S.A.**

2a. Mailing Address

26 **761 S.E. 22nd AVE.**

Suite, Apt. #, etc.

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City & State

28 **POMPANO BEACH, FL**

Zip

29 **33062**

Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

**KAISERMAN, JOSEPH
761 S.E. 22ND AVENUE
POMPANO BCH. FL 33062**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **S** ☐ DELETE

NAME **ALMEIDA, DEBORA**
STREET ADDRESS **2372 NW 34T ROAD**
CITY- ST- ZIP **COCONUT CREEK FL**

TITLE **V** ☐ DELETE

NAME **VEIRA, CARLOS A.**
STREET ADDRESS **900 PARK AVE**
CITY- ST- ZIP **NEW YORK NY**

TITLE **S** ☒ DELETE

NAME **FOGARTY, BRIDGET**
STREET ADDRESS **64431 BAY CLUB DR**
CITY- ST- ZIP **FT. LAUDERDALE 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

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

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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:

JOSEPH KAISERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/13/96 (914) 946,5543

CR2E034 (12/95)