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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

L41084

(9)

SKYPARTS INC.

Incipal Place of Business	Mailing Address	
7855 NW 29TH ST	7855 NW 29TH ST	

FILED

Jan 30 1998 8:00am

Secretary of State

Pri #158

MIAMI FL 33122		MIAMI FL 33122				DO NOT WRITE IN THIS SPACE					
	US			US				3.	Date Incorporated or Qualified 01/15/1990		
2.	2. Principal Place of Business 2a.		Mailing Address				4.	FEI Number	T	Applied For	
21			26						65-0165512		Not Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.		5,	Certificate of Status Desired	,	75 Additional se Required			
23	City & State		28	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		•			
4	Ziρ	Country 25	29	Zip	Coun	try		1	This corporation owes or has paid the curre Personal Property Tax due June 30.	nt yea Yes	ar Intangible
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
	RIVAS JOSE					31	Name				
5171 NW 106TH AVENUE MIAMI FL 33178			[32	Street Address (P.O. Box Number is Not Acceptable)						
					Ē	33					
					[34	City		FL	85	Zip Code
11	Pursuant to the provis	sions of Sections 607.0502	and 6	607.1508, Florida Statut	tes, the abo	ove by	-named corpo	ration	n submits this statement for the purpose of c	hangi	ing its registered

agent. I a	m familiar with, and accept the obligations of, Sect	ion 607.0505, Florid	da Statutes.	poration a sound of directors. Thereby accept the appointment	as registered
SIGNATURE	Signature, typed or printed name of registered agent and title if applic	able (NOTE F	Project Agest a continue	required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	ORS IN 12
TITLE	DP .	DELETE	1.1 TITLE	Char	ge Addition
NAME	RIVAS, JOSE FELIX		1.2 NAME		
STREET ADDRESS	5171 N.W. 106TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33178		1.4 CITY - ST - ZIP		
TITLE		DELETE	21 TITLE	Chan	ge Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TO LE	☐ Chan	ge 🔲 Addition
NAME (!	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE	☐ Chan	ge Addition
NAME	•		4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 C(TY - \$1 - ZIP		
TITLE		DELETE	5.1 TITLE	☐ Chan	ge Addition
NAME			5.2 NAME		
STREET ADDRESS		!	5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE	•	DELETE	6.1 TITLE	☐ Chan	ge 🔲 Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Ficrida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is trop 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 process of the corporation or the receiver or process.

Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ___

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01/20/98 (305) 871-1600