

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90128 029 ***150.00

DOCUMENT # **L42182**

1. Corporation Name

EXECUTIVE AVIATION OF SOUTH FLORIDA, INC.



Principal Place of Business

% ROBERT B. MACAULAY
201 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

Mailing Address

% ROBERT B. MACAULAY
201 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1990

4. FEI Number

65-0171105

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 owes the current year Intangible
Personal Property Tax ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MACAULAY, ROBERT B.
201 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

One SE Third Ave., Ste 2200

83

84 City **Miami**

FL

85 Zip Code **33131**

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 re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PD
STREET ADDRESS MACAULAY, ROBERT B.
CITY-ST-ZIP 201 S. BISCAYNE BLVD.
MIAMI FL

TITLE ☐ DELETE
NAME S
STREET ADDRESS ZORRILLA, JUAN C.
CITY-ST-ZIP 201 S. BISCAYNE BLVD.
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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS **One SE Third Ave., Ste 2200**
14 CITY-ST-ZIP **Miami, FL 33131**

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS **One SE Third Ave., Ste 2200**
24 CITY-ST-ZIP **Miami, FL 33131**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

Robert B. Macaulay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99 **305-358-9200**
Date Daytime Phone #

CR2E034 (11/98)