Applied For

□No

\$8.75 Additional

Fee Required

\$5.00 May Be Added to Fees

Not Applicable

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

DOCUMENT # M10767

Country

9. Name and Address of Current Registered Agent

25

QUALLEY, THOMAS J.

7455 NW 41ST ST

MIAMI FL 33166

1. Corporation Name

Suite, Apt. #, etc.

City & State

22

23

24

Zip

IRO AVIATION CORP.

NAME OF THE PROPERTY OF THE PR				
Principal Place of Business	Mailing Address			
7830 N.W. 64TH STREET MIAMI FL 33166 US	7830 N.W. 64TH STREET MIAMI FL 33166 US	DO NOT WRI		
		3. Date Incorporated or Qualifed 01/28/1985		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number		
21	26	59-2526541		

27

28

29

Zip

Suite, Apt. #, etc.

City & State

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90223 050 ***158.75



DO NOT WRITE IN THIS SPACE

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible
Personal Property Tax.

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

7830 N.W. 64th Street

			84	City			EL 85 Zip C	Code
office or re	o the provisions of Sections 607.0502 and 6 sgistered agent, or both, in the State of Floring familiar with, and accept the obligations of	ia. Such change was at	ithorized by	the corpora	orporation submits this state ation's board of directors.	tement for the purpose I hereby accept the ap	of changing its pointment as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable (NOTE:	Registered Agen	1 signafure reg	uired when reinstating)	DATE		
12.	OFFICERS AND DIRE	··	13.	, agribiano roq		NGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				Change	Addition
NAME	QUALLEY, JAMES B.		1.2 NAME					
STREET ADDRESS	4944 N.W. DORAL PLACE		1.3 STREET	ADDRESS	9464 N.W. 52	Doral Lane		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S		Miami, FL 33			
TITLE	S	DELETE	2.1 TITLE	,-2"			Change	☐ Addition
NAME	QUALLEY, THOMAS J.		2.2 NAME	•				
STREET ADDRESS	7455 N.W. 41ST STREET		2.3 STREET	ADDRESS	7830 N.W. 64	th Ctroot		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-S		7030 W.W04	ru grieer	5	
TITLE	THE WILL C	☐ DELETE	3.1 TITLE	,			Change	Addition
NAME			3.2 NAME	}				
STREET ADDRESS			3.3 STREET	ADDRESS				
			3.4. CITY-S					
CITY-ST-ZIP		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADORESS				
CITY-ST-ZIP			4.4 CITY-S					
TITLE		DELETE	51 TITLE		·· ···································		Change	Addition
NAME			5.2 NAME			14		
STREET ADDRESS			5.3 STREET	ADORESS			,	
			5.4 CITY-S	T-ZIP				
ITY-ST-ZIP		DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME		<u>—</u>	6.2 NAME			•		
STREET ADDRESS			6.3 STREET	ADDRESS				
			6.4 CITY-S					
CITY-ST-ZIP	ertify that the information supplied with this	iling does not qualify for		_	in Section 119 07(3)(i) Flo	rida Statutes, I further	certify that the i	nformation

Country

83

30

pecute this report as required by Chapter 607, Florida Statutes; and that my name appears in other like empowered. officer or director of the corporation or the receiver or block 12 or Block 13 if changed, or on an attachment