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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90072 021 ***158.75

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M20535

1. Corporation Name									
KESTRE	L INTERNATIONAL AVIATION	SERVICES, INC.							
l	•								
Principal Place	Mailing Address								
C/O JOHN F. GREANEY . C/O JOHN F. GREANEY									
6360 LAKE JUNE RD 6360 LAKE JUNE RD						DO NOT WRITE IN T	THE COAC	_	
HIALEAH FL 33014-3047 HIALEAH FL 33014-3047 US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
] "						09/11/1985			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		App	lied For
21 26						59-2577775	-	- 	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.		dditional
22 27		27				5. Certifcate of Status Desired		ee Req	
City & State		City & State	the state of the s		6. Election Campaign Financing	\$5	5.00 M	Jav Be	
23	:	28				Trust Fund Contribution		dded to	•
Zip	Country	Zip	Coun	ntry		8. This corporation owes the current year	r Intangible	,	
24 25 29			30			Personal Property Tax. Yes No			
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registe	red Agent		
		•	Į.	81 N	lame				
GREANEY, JOHN F.				82 5	treet Addre	ess (P.O. Box Number is Not Acceptable)			
S 0000 BAIL SOIL HOAD			[
MIAN	MI LAKES FL 33014		[83	•				* . · · · · · · · · ·
			ļ.	84 (ity		85	Zip Co	nde
		2.	[۱ ات	му	I		Z.p 00	700
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the ab	ove-n	amed corpo	pration submits this statement for the purpos	e of changi	ng its re	egistered
office or r	egistered agent, or both, in the State of im familiar with, and accept the obligation	ns of Section 607.0505. Flor	utnorizea i rida Statut	by the tes.	corporation	oration submits this statement for the purposin's board of directors. I hereby accept the ap-	ppointment	as regi	stered
SIGNATURE		15					•		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered A	Agent sig	nature required	when reinstating) DATE			
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	DP DEL		1.1 TITLE				☐ Ch	ange	☐ Addition
NAME	GREANEY, JOHN F.		1.2 NAM	νE					
STREET ADDRESS	6360 LAKE JUNE RD.		1.3 STR	REETAD	DRESS				
CITY-ST-ZIP	MIAMI LAKES FL		_	Y-\$T-ZI	,				
TITLE		C DELETE	2.1 TITLE				∐ Ch	ange	☐ Addition
NAME	٠		2.2 NAME		1				
STREET ADDRESS	, .		2.3 STR	REETAD	DRESS				
CITY-ST-ZIP			_	Y-ST-Z	Р		<u>-</u> -		
TITLE	Service and the service of the servi	☐ DELETE	3.1 TITL			•	☐ Ch	ange	☐ Addition
NAME			3.2 NAM	ΝE	1				
STREET ADDRESS			3.3 STR	REET AD	DRESS				_
CITY-ST-ZIP		<u>_</u>	3,4. CITY-ST-ZIP		Р				
TITLE	<u> </u>	☐ DELETE	4.1 T(TL	4.1 T/TLE			□ Ch	ange	Addition
NAME		v	4. 2 NAME						
STREET ADDRESS	*	<u>-</u>	4.3 STREET ADDRESS		DRESS	•			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		<u> </u>				
71TLE		☐ DELETE	5.1 TITLE				☐ Ch	ange	☐ Addition
NAME			5.2 NAM			•			
STREET ADDRESS	± ,			REET AD					
CITY-ST-ZIP			5.4 CITY-S		<u> </u>				
TITLE		☐ DELETE	6.1 TITL				Ch	ange	Addition
NAME		t y v	6.2 NAM		ļ				
CTDEET LOODEGO	[·		63.STR	REFT AD	nress I			-	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OF PRINTIPS MANE OF SIGNING OFFICER OR DIRECTOR

5 JANUAN 1999

(305) 825 - 8 FO (

100E024 (44/00)