

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 # M49633 (4)  
1. Corporation Name  
HORIZON AIRCRAFT SALES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O ROBERTO VILLAVICENCIO 7270 N.W. 12TH. SUITE 660 MIAMI FL 33126		Mailing Address C/O ROBERTO VILLAVICENCIO 7270 N.W. 12TH. SUITE 660 MIAMI FL 33126	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	
3. Date Incorporated or Qualified 04/02/1987		4. FEI Number 59-2791926	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent VILLAVICENCIO, ROBERTO 7270 N.W. 12TH STREET SUITE 660 MIAMI FL 33126		10. Name and Address of New Registered Agent 81 Name Joseph F. Lopez, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 250 Bird Road 83 Suite 302 84 City Coral Gables FL 85 Zip Code 33146	
11. Pursuant to the provisions of Sections 607.0505 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 provisions of, Section 607.0505, Florida Statutes. SIGNATURE <i>Joseph F. Lopez</i> Joseph F. Lopez (NOTE: Registered Agent signature required when reinstating) DATE 8/3/98			
12. OFFICERS AND DIRECTORS TITLE PD NAME VILLAVICENCIO, ROBERTO STREET ADDRESS 7270 NW 12TH ST CITY-ST-ZIP MIAMI FL 33126		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE P/D 1.2 NAME Roberto Villavicencio (Address Change) 1.3 STREET ADDRESS 7270 NW 12th. St. #660 1.4 CITY-ST-ZIP Miami, FL 33126 2.1 TITLE VP/S 2.2 NAME Rebecca Villavicencio 2.3 STREET ADDRESS 7270 NW 12th. St. #660 2.4 CITY-ST-ZIP Miami, FL 33126 3.1 TITLE VP 3.2 NAME Robert Martin Villavicencio 3.3 STREET ADDRESS 7270 NW 12th. ST. #660 3.4 CITY-ST-ZIP Miami, FL 33126 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 present agent with an address.

SIGNATURE *Roberto Villavicencio* Roberto Villavicencio

8/3/98 305-501-3880

CR2E034 (10/97)