

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
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90002 037 ***158.75

DOCUMENT # M49633

1. Corporation Name
HORIZON AIRCRAFT SALES, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1987

4. FEI Number
59-2791926

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 7200 N.W. 19th. St.

2a. Mailing Address
26 7200 N. W. 19th. St.

Suite, Apt. #, etc.
22 Suite 412

Suite, Apt. #, etc.
27 Suite 412

City & State
23 Miami, FL

City & State
28 Miami, FL

Zip Country
24 33126 25 Miami-Dade

Zip Country
29 33126 30 Miami-Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOPEZ, JOSEPH
250 BIRD RD
SUITE 302
CORAL GABLES FL 33146

81 Name

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

83

84 City

FL

85 Zip Code

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.

(NOT if Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME VILLAVICENCIO, ROBERTO
STREET ADDRESS 7270 NW 12TH ST, #660
CITY-ST-ZIP MIAMI FL 33126

1.1 TITLE PD
1.2 NAME Villavicencio, Roberto
1.3 STREET ADDRESS 7200 N.W. 19th. St. #412
1.4 CITY-ST-ZIP Miami, FL 33126

TITLE VPS
NAME VILLAVICENCIO, REBECCA
STREET ADDRESS 7270 NW 12TH ST, #660
CITY-ST-ZIP MIAMI FL 33126

2.1 TITLE VPS
2.2 NAME Villavicencio, Rebecca
2.3 STREET ADDRESS 7200 N.W. 19th. St. #412
2.4 CITY-ST-ZIP Miami, FL 33126

TITLE VP
NAME VILLAVICENCIO, ROBERT MARTIN
STREET ADDRESS 7270 NW 12TH ST, #660
CITY-ST-ZIP MIAMI FL 33126

3.1 TITLE VP
3.2 NAME Villavicencio, Robert Martin
3.3 STREET ADDRESS 7200 N.W. 19th. St. #412
3.4 CITY-ST-ZIP Miami, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Roberto Villavicencio, President

4/23/99

305-591-3889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0191877

CR2E034 (11/98)