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May 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27996 (0)

1. Corporation Name

CONTINUING AVIATION PROFICIENCY, INC.



Principal Place of Business

Mailing Address

200 S BISCAYNE BLVD
SUITE 4600
MIAMI FL 33131-2310
US

6175 NORTHWEST 153RD ST.
SUITE 225
MIAMI LAKES FL 33014-2438

3. Date Incorporated or Qualified
08/22/1988

3a. Date of Last Report
07/11/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 200 S. Biscayne Blvd.

22 City & State

27 Suite, Apt. #, etc.

Suite 4600

23 Zip

28 City & State

Miami, Florida

24 Country

29 Zip

33131-2310

30 Country

Dade

4. FEI Number

65-0084701

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VAN DER WALL, ROBERT J.
200 S. BISCAYNE BLVD
SUITE 4600
MIAMI FL 33131

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME VAN DER WALL, ROBERT J
STREET ADDRESS 200 S. BISCAYNE BLVD., STE. 4600
CITY - ST - ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE DVP ☐ DELETE
NAME PICKARD, CHARLES
STREET ADDRESS 1431 HAMMOND DR.
CITY - ST - ZIP MIAMI SPRINGS FL 33166

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE DS ☐ DELETE
NAME SMITH, DON
STREET ADDRESS 551 BARGELLO AVE.
CITY - ST - ZIP CORAL GABLES FL 33146

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE DT ☐ DELETE
NAME PLANK, RON
STREET ADDRESS 1567 FAIRWAY ROAD
CITY - ST - ZIP PEMBROKE PINES FL 33026

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with this address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0023201

CR2E037 (9/96)