

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  
Mar 30, 1999 8:00 am  
Secretary of State

03-30-1999 90038 042 \*\*\*150.00

DOCUMENT # P30414

1. Corporation Name

CORDOBA HELICOPTER ENTERPRISES, INCORPORATED

Principal Place of Business

HANGER #4 NORTH PERRY AIRPORT  
7750 PINES BLVD.  
PEMBROKE PINES FL 33024-6921

Mailing Address

HANGER #4 NORTH PERRY AIRPORT  
7750 PINES BLVD.  
PEMBROKE PINES FL 33024-6921

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1990

4. FEI Number

22-2438026

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

2a. Mailing Address

21 7991 PEMBROKE ROAD

26 7991 PEMBROKE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

23 City & State  
PEMBROKE PINES, FL

28 City & State  
PEMBROKE PINES, FL

24 Zip Country  
33023 BROWARD

29 Zip Country  
33023 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORDOBA EUGENIA  
7750 PINES BLVD., BLDG 4  
PEMBROKE PINES FL 33024

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.

(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 CORDOBA, EUGENIA  
STREET ADDRESS 7750 PINES BLVD., BLDG. 4  
CITY-ST-ZIP PEMBROKE PINES FL

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME CORDOBA, EUGENIA  
1.3 STREET ADDRESS 7991 PEMBROKE ROAD  
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33023

TITLE S ☐ DELETE  
NAME CORDOBA, EUGENIA  
STREET ADDRESS 7750 PINES BLVD., BLDG. 4  
CITY-ST-ZIP PEMBROKE PINES FL

2.1 TITLE S ☒ Change ☐ Addition  
2.2 NAME CORDOBA, EUGENIA  
2.3 STREET ADDRESS 7991 PEMBROKE ROAD  
2.4 CITY-ST-ZIP PEMBROKE PINES, FL 33023

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

*Eugenia Cordoba*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-99

Date

954/967-8477

Daytime Phone #

CR2E034 (11/98)