**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P32422

AIRSUPPORT SERVICES CORPORATION (DELAWARE)

|   | e of Business  | Mailing Address   |   |   |  |  |
|---|--|---|---|---|--|--|
| 7520 NW 54 S  | ा ।  | 7520 NW 54 ST   |   |   |  |  |
| MIAMI FL 33166  |  | MIAMI FL 33166.   |   |   |  |  |
| US  |  | U\$   |   |   | DO NOT WRITE IN THIS SPACE                       |  |
|   |  |   |   | 3. Date Incorporated or Qualifed  |  |  |
|   |  |   |   | 11/29/1990  |  |  |
| 2. Principal P  | Place of Business  | 2a. Mailin's Address  |   | 4. FEI Number   | Applied For                                      |  |
| 21  |  | 26  |   | 65-0043038  | Not Applicable                                   |  |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.   |   | 5. Certificate of Status Desired  | \$8.75 Additional                                |  |
| 22  |  | 27  |   | 5. Certificate of Status Desired  | Fee Required                                     |  |
| City & Stat   | te   | City & State  |   | 6. Election Campaign Financing  | \$5.00 May Be                                    |  |
| 23  |  | 28  |   | Trust Fund Contribution   | Added to Fees                                    |  |
| Zip   | Country  | Zip .   | Country   | 8. This corporation owes the current year   | r Intangible                                     |  |
| 24  | 25   | 29  | 30  | Personal Property Tax.  | ☐ Yes   ☐ No                                     |  |
| •   | 9. Name and Address of Curre   | ent Registered Agent  |   | 10. Name and Address of New Registe   | ed Agent   |  |
|   | The second of th | 4.  | 81 Nam  | ne  |  |  |
| STA   | KEMANN, JORGE  | y 6 - 6   | 82 Stre   | et Address (P.O. Box Number is Not Acceptable)  |  |  |
| 752   | O'NW 54TH ST.  | A NEW YORK WAS A  | oz Sire   | et Address (P.O. Box Number is Not Acceptable)  |  |  |
| MIA   | MI FL 33166  |   | 83  |   | 11.15  |  |
|   | ·  |   | 1   |   | 1 - 1 - 2 - 3 - 3 - 3                            |  |
|   |  |   | 84 City   |   | Zip Code Zin Code                                |  |
| 11. Pursuant  | to the provisions of Sections 607.05   | 02 and 607,1508, Florida Sta                                | tutes, the above-name   | ed corporation submits this statement for the purpos  | of changing its registered                       |  |
| office or t   | registered agent, or both, in the State  | e of Florida. Such change wa<br>lations of Section 607 0505 | s authorized by the co<br>Florida Statutes  | ed corporation submits this statement for the purpos<br>rpole to the purpose the statement for the purpose pole to the statement for the purpose produced the statement for the purpose produced the purpose produced the statement for the purpose produced the purpose | ppointment as registered                         |  |
|   | Willur   | )   | , ionaa otataios,   | President   | n. 16 / 1066                                     |  |
| SIGNATURE   | Signature, typed or printed name of registered ag  | ent and title if applicable. (No                            | OTE: Registered Agent signatu   | re required when reinstating) OATE  | <del>-                                    </del> |  |
| 12.   | OFFICERS A   | ND DIRECTORS  | 13.   | ADDITIONS/CHANGES TO OFFICERS   | AND DIRECTORS IN 12                              |  |
| TITLE   | P·   | ☐ DELETE  | 1.1 TITLE   |   | ☐ Change ☐ Addition                              |  |
| NAME  | STAKEMAN, JORGE  |   | 1.2 NAME  |   |  |  |
| STREET ADDRESS  | 7105 W 16 AVE  |   | 1.3 STREET ADDRES   | ss  |  |  |
| CITY-ST-ZIP   | HIALEAH FL   |   | 1.4 CITY-ST-ZIP   |   |  |  |
| TITLE   | 1707   | ☐ DELETE  | 2.1 TITLE   |   | ☐ Change ☐ Addition                              |  |
| NAME  | ·  |   | 2271745   |   |  |  |
| STREET ADORESS  |  |   |   |   |  |  |
| 3 INCL I ADDRESS  |  |   | 2.2 NAME  |   |  |  |
| OTTY OT 7ID   | <del>-</del> ,   |   | 2.3 STREET ADDRES   | ss :  |  |  |
| CITY-ST-ZIP   |  | . □ DELETE  | 2.3 STREET ADDRES   | SS :  | ☐ Change ☐ Addition                              |  |
| TITLE   | KTASSI, OTA  | DELETE  | 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE   | SS  | ☐ Change ☐ Addition                              |  |
| TITLE NAME, 13 TO SEE   | ALIMANA, WILLIAM<br>STRANG, WILLIAM  | DELETE  | 2.3 STREET ADDRES  2.4 C/TY-ST-ZIP  3.1 TITLE  3.2 NAME   |   | ☐ Change ☐ Addition                              |  |
| TITLE  NAME  STREET ADDRESS   | ATTACH CONTRACTOR OF THE CONTRACTOR OF T   | DÉLETE  | 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES  |   | ☐ Change ☐ Addition                              |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ATTACHA CITATI<br>CAMILLAGA<br>IN PLATE AT   | 1 4 f .   | 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4. CITY-ST-ZIP   |   | 1000000  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | ATTACAL STATE  CANTILLES TO  IN THE STATE  | ☐ DELETE  | 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4. CITY-ST-ZIP 4.1 TITLE   |   | Change Addition                                  |  |
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| TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE   |  | ☐ DELETE  | 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRES 4.4 CITY-ST-ZIP 5.1 TITLE  | 55  | Change Addition                                  |  |
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| TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | Participation (Action  | ☐ DELETE  | 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRES 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRES 5.4 CITY-ST-ZIP 6.1 TITLE | 55  | Change Addition                                  |  |
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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 the appropriate 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 unpersonned.

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 01-22-1999 90036 041 \*\*\*158.75