FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P37707 Corporation Name BARTA-ISO AVIATION, LTD. INC.

	FI	LEI)
Apr	14 1	997	8:00am
Se	creta	ry c	of State

Principal Place 10825 N MILIT SUITE BOS PALM BEACH		SUITE 204	10625 N MILITARY TRAIL		Date Incorporated or Qualified			
					3. Date incorporated or Qualified 3a. Date of Last Report 03/02/1992 03/20/1996			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 11-2946557	[Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired		Additional	
22 City & State	0	City & State			6. Election Campaign Financing		Required May Be	
23		28			Trust Fund Contribution		d to Fees	
Zip	Country	Zip	<u></u>		8. This corporation has liability for intangible tax under s. 199.032,			
24	25 9. Name and Address of Curr	rent Registered Agent	30		Florida Statutes 10. Name and Address of New Reg	Yes No		
BAR	RTA, THOMAS TRED	Total Control of Page 11	81	Name	10. Italia alla radicas al rich rich	hatorou Agont		
	90 N. 122ND DRIVE		82	Stroot Addr	ess (P.O. Box Number is Not Acceptable	(a)		
JUP	ITER FL 33478		62	Sheet Addi	ess (F.O. Box Number is Not Acceptable			
i			83					
			84	City		85 Zı	Code	
11 Purcuant	to the provisions of Soctions 607 (502 and 607 1508 Florida 9	tatules the shove	named corn	poration submits this statement for the po	FL 65 27	ile ranistarad	
office or r	egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida, Such change i	was authorized by	the corporat	ion's board of directors. I hereby accept	t the appointment a	is registored	
SIGNATURE	Signature, typed or printed name of registered	agent and line if applicable	(NOTE: Rog stered Agen	t signature requir	ed when reinstating)	DATE		
12,	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	RS IN 12	
TITLE	PC	☐ DELETE	1.1 TITLE			☐] Change	Addition	
NAME	ISOKANGAS, JUHANI M.		1.2 NAME	}				
STREET ADDRESS	702 grove street Lake worth FL		1.3 STREET A	DDRESS				
CITY-ST-ZIP	VCV	DELETE	1.4 C(TY-ST	- ZIP		Change	Addition	
TITLE	BARTA, THOMAS TRED	L) Deter	2 1 1/TLE 2.2 NAME	ł		∟) Change	M MOOIIION	
STREET ADDRESS	16590 N. 122ND DRIVE		2.3 STREET A	nneree				
CITY-ST-ZIP	JUPITER FL		2.4 CITY-ST	ſ				
TITLE		DELETE				☐ Change	Addition	
NAME			3.2 NAME	ļ				
STREET ADDRESS			3.3 STREET A	DDRESS				
CITY-ST-ZIP			3 4. CITY - ST	- 7 IP			· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELE1E	4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS	16.		4.3 STREET A					
CITY-ST-ZIP		DELETE	4.4 CITY-ST	- ZIP		[] Chance	Addition	
TITLE		[] DETER]		L Change	Addition	
NAME >	•		5.2 NAME	DDatec				
STREET ADDRESS			5.3 STREET A	ſ				
CITY-ST-ZIP TITLE	·	DELETE	5.4 CITY-ST- 6.1 TITLE	- 211		Change	Addition	
NAME			62 NAME	ĺ				
STREET ADDRESS			6.3 STREET A	DDRESS				
CITY-ST-ZIP			6.4 CITY - S1-)				
14. do hereb	by certify that the information supp	lied with this filing does not o	qualify for the exem	notion stated	in Section 119.07(3)(i), Florida Statutes	. I further certify the	at the	
Intermation I am an of appears it	in indicated on this annual report of fficer or director of the corporation in Block 12 or Block 12 (consinged in the control of the contro	r supplemental annual repor or the receiver or trustee en or an attachment with er	t is true and accur apowered to execu a address.	te this repor	my signature shall have the same legal t as required by Chapter 607, Florida St	atutes; and that my	hame	
SIGNAT	URE: X	reus &	49197	. @	exectly p 56	1-624-28	dr.	