## 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

## DOCUMENT # P9200000766

SUN TECH AVIATION OF THE AMERICAS, INC.

Principal Place of Business Mailing Address				יו פו שם ווועם ווועם ווועם ווועם ווועם ווועם וועלם נועלו פווען עלן נספונסטו ל		Athra ann 1884	
6886 SW 59TH STREET MIAMI FL 33143 US		6886 SW 59TH STREET MIAMI FL 33143 US	MIAMI FL 33143		DO NOT WRITE IN THIS	SPACE	
					Date Incorporated or Qualifed     10/30/1992	<u></u>	
Principal Place of Business     Za. Mailing Address					4. FEI Number	<del></del>	plied For
21 26					65-0420346		t Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	
23	28				Trust Fund Contribution	Added to	o Fees
Zip	Country Zip Coun				8. This corporation owes the current year Int		□No
24	25 29 30				Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of	Current Registered Agent	81	Name	10. Name and Address of New Registered	-yeik	
LALID	CIANO CADIOS		[_	Italiic			
MURCIANO, CARLOS 6886 SW 59TH STREET			82	Street A	ddress (P.O. Box Number is Not Acceptable)		l
MIAMI FL 33143			83	<u> </u>			
ivii/An	AF 1 C 33 173		0.5	}			
			84	'	FL	85 Zip C	
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				· · · · · · · · · · · · · · · · · · ·	DATE		
L	Signature, typed or printed name of regis	tered agent and title if applicable. (NOTE: R ERS AND DIRECTORS	egistered Ager	nt signature rec	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
12.	OFFICERO AND BIRECTORO		1.1 TITLE	<sub>-</sub>	7,001110110110110110110110110110110110110	Change	Addition
TITLE	<u>-</u>		1.2 NAME	ļ			į
NAME	MOTOLATO, CARLOS			T ADDRESS			
STREET ADDRESS			1.4 CITY-S				
CITY-ST-ZIP TITLE	MIAMI FL 33143	☐ DELETE	2.1 TITLE	1-21		Change	Addition
1	22N		2.2 NAME				
NAME				T ADORESS			
STREET ADDRESS			2.4 CITY-5	ſ			Í
TITLE			3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP				ST-ZIP			
TITLE			4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	-		4.4 CITY-S	ST-ZIP			
TITLE			5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				İ
STREET ADDRESS			5.3 STREE	T ADDRESS			]
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
1	l						[

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.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIF

**FILED** 

May 10, 1999 8:00 am Secretary of State

05-10-1999 90009 022 \*\*\*150.00