

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90033 050 ***150.00

DOCUMENT # P93000021175

1. Corporation Name

DEV-AIR SERVICES, INC.

Principal Place of Business
3915 St. Lucie Blvd
St. Lucie City Int'l
Airport
Ft. Pierce, FL 34946

Mailing Address
6287 NW 44th Street
Coral Springs, FL
33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/22/1993

4. FEI Number
65-0395771

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
21 3804 St. Lucie Blvd
Suite, Apt. #, etc.
22 St. Lucie Int'l Airport
City & State
23 Ft. Pierce, FL
Zip Country
24 34946 25 USA

2a. Mailing Address
26 7190 Seminole Blvd
Suite, Apt. #, etc.
27
City & State
28 Seminole, FL
Zip Country
29 33772 30 USA

9. Name and Address of Current Registered Agent

Devair Ribeiro
6287 NW 44th Street
Coral Springs, FL 33067

10. Name and Address of New Registered Agent

81 Name Devair Ribeiro
82 Street Address (P.O. Box Number is Not Acceptable)
3804 St. Lucie Blvd
83 St. Lucie City Int'l Airport
City
84 Ft. Pierce FL 85 Zip Code
34946

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

PRESIDENT

4/10/99

12. OFFICERS AND DIRECTORS

TITLE	P, D	<input type="checkbox"/> DELETE
NAME	Devair Ribeiro	
STREET ADDRESS	6287 NW 44th Street	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Eliane Ribeiro	
STREET ADDRESS	6287 NW 44th Street	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Devair Ribeiro	
1.3 STREET ADDRESS	3804 St. Lucie Blvd.	
1.4 CITY-ST-ZIP	Ft. Pierce, FL 34946	
2.1 TITLE	S, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Eliane Ribeiro	
2.3 STREET ADDRESS	3804 St. Lucie Blvd.	
2.4 CITY-ST-ZIP	Ft. Pierce, FL 34946	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Devair Ribeiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/10/99

Date

(561)465-7711

Daytime Phone #

CR2E034 (11/98)