

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000041921 (6)

1. Corporation Name:

AVIATION ADVENTURES, INC.

Principal Place of Business

1635 71ST AVE
VERO BEACH FL 32906

Mailing Address

1635 71ST AVE
VERO BEACH FL 32906

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1993

3a. Date of Last Report

09/27/1994

4. FEI Number

59-3184408

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLANAGAN, VALERIA D
1635 71ST AVE
VERO BEACH FL 32906

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 of Current Registered Agent or Current Registered Agent's Representative)

(Signature of New Registered Agent or New Registered Agent's Representative)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
FLANAGAN, VALERIA D
1635 71ST AVE
VERO BEACH FL 32906

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. Flanagan

05-30-95

167-489-2285

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ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

RECEIVED
MAY 1 1995

DOCUMENT # P93000041928 (1)

1. Corporation Name

REPROGRAPHICS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

1215 NE 128 ST
STE 8
MIAMI FL 33161
US

P O BOX 610545
#1
MIAMI FL 33261
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1993

3a. Date of Last Report

08/04/1994

4. FBI Number

65-0416394

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 has liability for intangible tax under S. 199 (32),
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 2114 NE 123rd.

26 Suite, Apt. #, etc.

22 205-42

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

29 Zip

25 Country

30 Country

26 US

27 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FIGUEROA, GILBERT R
1215 NE 128 ST
#8
MIAMI FL 33161

81 Name

FIGUEROA, GILBERT R.

82 Street Address (P.O. Box Number is Not Acceptable)

1215 NE 128ST. #8

83

MIAMI, FL. 33161

84 City

MIAMI, FL.

FL

85 Zip Code

33161

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]

5/30/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	FIGUEROA, GILBERT R
STREET ADDRESS	1215 NE 128 ST #8
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

[Signature]

Gilbert Figueroa R.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/95

(305) 895-6969