

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000062408 (8)

1. Corporation Name

FALCON CHARTERS INC.



Principal Place of Business

636 SE 9TH
FT LAUDERDALE FL 33301-1223
US

Mailing Address

636 SE 9TH AVE
FT LAUDERDALE FL 33301-1223
US

3. Date Incorporated or Qualified
09/01/1993

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
65-0436880

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. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOLINET, WILLIAM
636 SE 9TH AVE
FT LAUDERDALE FL 33301-1223

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, typed or printed name of registered agent and date, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE
NAME: D MOLINET, WILLIAM
STREET ADDRESS: 636 SE 9TH AVE
CITY-ST-ZIP: FT LAUDERDALE FL
12.2 TITLE ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
12.3 TITLE ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
12.4 TITLE ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
12.5 TITLE ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 11 TITLE ☐ Change ☐ Addition
13.2 12 NAME
13.3 13 STREET ADDRESS
13.4 14 CITY-ST-ZIP
13.5 21 TITLE ☐ Change ☐ Addition
13.6 22 NAME
13.7 23 STREET ADDRESS
13.8 24 CITY-ST-ZIP
13.9 31 TITLE ☐ Change ☐ Addition
13.10 32 NAME
13.11 33 STREET ADDRESS
13.12 34 CITY-ST-ZIP
13.13 41 TITLE ☐ Change ☐ Addition
13.14 42 NAME
13.15 43 STREET ADDRESS
13.16 44 CITY-ST-ZIP
13.17 51 TITLE ☐ Change ☐ Addition
13.18 52 NAME
13.19 53 STREET ADDRESS
13.20 54 CITY-ST-ZIP
13.21 61 TITLE ☐ Change ☐ Addition
13.22 62 NAME
13.23 63 STREET ADDRESS
13.24 64 CITY-ST-ZIP

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)(k), 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 697, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)