

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

APPROVED
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95 MAY -1 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. MURPHY
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000071896 (3)

1. Corporation Name

HEADQUARTER AVIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0449475

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 § 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

State Apt. #, etc.

22

City & State

23

Zip

County

24

2a. Mailing Address

26

State Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ESTEVE, JERONIMO M
5895 NW 187 ST
MIAMI FL 33015

10. Name and Address of New Registered Agent

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

Jerónimo M. Esteve

Print or Type Registered Agent's Name and Address

Print or Type Registered Agent's Name and Address

12. OFFICERS AND DIRECTORS

1. TITLE	P
2. NAME	ESTEVE, JERONIMO M
3. STREET ADDRESS	5895 NW 187
4. CITY & STATE	MIAMI FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Section 199.03(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall serve the same legal effect as if made under oath. That I am an officer or director of the corporation or the person or person empowered to receive this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Jerónimo M. Esteve

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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