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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUN 1. Corporation	MENT # P9400	00014809 (5	5)		
GARCIA AIRCRAFT, INC.					
Principal Place	of Business	Mailing Address			9)
2420 S.W. 131ST CT. 2420 S.W. 131ST CT. MIAMI FL 33175-1157 MIAMI FL 33175-1157					
				3. Date incorporated or Qualified 02/21/1994	3a. Date of Last Report 05/11/1995
'	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26 Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0480061	Not Applicable  \$8.75 Additional
<del></del> -, ' ' '		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Re
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip <b>29</b>	Country 30	This corporation has liability for inta- Florida Statutes	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Reg	jistered Agent
			81 Name		
GARCIA, MARCELINO			82 Street Add	dress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
2420 S.W. 131ST COURT			83		
MIAMI F	·L				
			84 City		FL 85 Zip Code
11. Pursuant t or registen familiar wit	o the provisions of Sections 607.05 ed agent, or both, in the State of Flo th, and accept the obligations of, Se	02 and 607.1508, Florida Statut orida. Such change was authoriz ction 607.0505, Florida Statutes	es, the above-named corpo ed by the corporation's bo	oration submits this statement for the purpo ard of directors. I hereby accept the appoin	se of changing its registered office itment as registered agent. I am
SIGNATURE	Signature, typed or printed name of registered age	net and title disvolophic (NC	TE: Registered Agent signature requir	and whom relied that	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PS	☐ DELETE	1. 1 TITLE		Change Addition
NAME	GARCIA, MARCELINO		1.2 NAME		
STREET ADDRESS	2420 S.W. 131ST COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175-1157		1,4 CITY - ST - ZIP		
TITLE	VTD	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, MARIA M		2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	2420 S.W. 131ST COURT MIAMI FL 33175-1157		2.3 STREET ADDRESS 2.4 City-St-Zip		
TITLE	MIMMI FE 33113-1131	<b>∏</b> DELETE	3.1 TITLE		Change Addition
NAME		1	3.2 NAME		
STREET ADDRESS			3 3. STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		.
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 C(TY+ST+Z)P		☐ Change ☐ Addition
NAME		□ oracit	5 1 TITLE 5.2 NAME		☐ puside ☐ vadifi01
STREET ADDRÉSS			5.3 STREET ADDRESS		
CITY-S1-ZIP			5.4 DITY-ST-ZIP		
TITLE		☐ DE_ETE	6 1 TITLE		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		_,

14. Ido 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jake Sins Janue.

SHONATURE SHONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

96 30 [223-3087 Deptine Prone)