FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 JUN 20 PM 6:41

DOCUMENT # P94000034381

1. Corporation Name

Lighthouse Aviation Support, Inc.

Principal Place of Business
13412 S.W. 112 Place
Miami, FL 33186

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1994	3a. Date of Last Report: 07/05/1994
4. FEI Number: 65-0490505	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	

2. Principal Place of Business	2a. Mailing Address
21 8271 S.W. 205 Street	26 P.O. BOX 173935
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, FL	City & State 28 HIALEAH, FL.
Zip 24 33189 / Country 25 US	Zip 29 33017-3935 / Country 30 USA

9. Name and Address of Current Registered Agent

Rodriguez, Hector
13412 S.W. 112 Place
Miami, FL 33186

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 8271 S.W. 205 Street
83
84 City Miami FL 85 Zip Code 33189

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☒ Change ☐ Addition
NAME	Rodriguez, Hector	12 NAME	Rodriguez, Hector	
STREET ADDRESS	13412 S.W. 112 Place	13 STREET ADDRESS	8271 S.W. 205 Street	
CITY ST ZIP	Miami, FL 33186	14 CITY ST ZIP	Miami, FL 33189	
TITLE		21 TITLE	VP	☐ Change ☒ Addition
NAME		22 NAME	Rodriguez, Carmen	
STREET ADDRESS		23 STREET ADDRESS	8271 S.W. 205 Street	
CITY ST ZIP		24 CITY ST ZIP	Miami, FL 33189	
TITLE		31 TITLE	D	☐ Change ☒ Addition
NAME		32 NAME	Imperatori, Joseph	
STREET ADDRESS		33 STREET ADDRESS	14531 Dade Pine Ave.	
CITY ST ZIP		34 CITY ST ZIP	Miami Lakes, FL 33014	
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	Imperatori, Joyce	
STREET ADDRESS		43 STREET ADDRESS	14531 Dade Pine Ave.	
CITY ST ZIP		44 CITY ST ZIP	Miami Lakes, FL 33014	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME	400001519304	
STREET ADDRESS		53 STREET ADDRESS	-06/21/95--01053--020	
CITY ST ZIP		54 CITY ST ZIP	****225.00 ****225.00	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP	SCC 6-20-95	

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

SIGNATURE: Hector Rodriguez — 6/13/95 — 305-251-9905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HECTOR RODRIGUEZ