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 # **P94000034381 (1)**

1. Corporation Name

LIGHTHOUSE AVIATION SUPPORT, INC.

Principal Place of Business	Mailing Address
8271 S.W. 205 STREET MIAMI FL 33189	P.O. BOX 173935 HIALEAH FL 33017-3935

3. Date Incorporated or Qualified: 05/06/1994
3a. Date of Last Report: 06/20/1995

2. Principal Place of Business
21 14531 DADE PINE AVE
Suite, Apt. #, etc.
22
City & State
23 MIAMI LAKES, FL.
Zip 24 33014 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

9. Name and Address of Current Registered Agent

RODRIGUEZ, HECTOR
8271 S.W. 205 STREET
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name: IMPERATORI, JOSEPH
82 Street Address (P.O. Box Number is Not Acceptable): 14531 DADE PINE AVE
83
84 City: MIAMI LAKES FL 85 Zip Code: 33014

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: Joseph A. Imperatori JOSEPH A. IMPERATORI VP. DATE: 2-8-96
(If New Registered Agent Signature required, other than resigning)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	RODRIGUEZ, HECTOR		1.2 NAME	RODRIGUEZ, HECTOR	
STREET ADDRESS	8271 S.W. 205 STREET		1.3 STREET ADDRESS	205 FEEDING HILLS RD.	
CITY-ST-ZIP	MIAMI FL 33189		1.4 CITY-ST-ZIP	SOUTHWICK, MA. 01077	
TITLE	VP	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	RODRIGUEZ, CARMEN		2.2 NAME	RODRIGUEZ, CARMEN	
STREET ADDRESS	8271 S.W. 205 STREET		2.3 STREET ADDRESS	205 FEEDING HILL RD.	
CITY-ST-ZIP	MIAMI FL 33189		2.4 CITY-ST-ZIP	SOUTHWICK, MA. 01077	
TITLE	D	☐ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	IMPERATORI, JOSEPH		3.2 NAME	IMPERATORI, JOSEPH	
STREET ADDRESS	14531 DADE PINE AVE.		3.3 STREET ADDRESS	14531 DADE PINE AVE	
CITY-ST-ZIP	MIAMI LAKES FL 33014		3.4 CITY-ST-ZIP	MIAMI LAKES FL. 33014	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	IMPERATORI, JOYCE		4.2 NAME	IMPERATORI, JOYCE	
STREET ADDRESS	14531 DADE PINE AVE.		4.3 STREET ADDRESS	14531 DADE PINE AVE.	
CITY-ST-ZIP	MIAMI LAKES FL 33014		4.4 CITY-ST-ZIP	MIAMI LAKES FL. 33014	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(i), 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: Joseph A. Imperatori JOSEPH A. IMPERATORI VP. 2-8-96 (305)822-8069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #