May 05, 1999 8:00 am Secretary of State

05-05-1999 90027 033 \*\*\*158.75

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400060379

1. Corporation Name

AIRPORT GROUND SUPPORT FOUIPMENT, INC.

AIRI OITI GITOOTID	oori om Egon	MEIVI, INO.									
Principal Place of Business Mailing Address					- <b></b> -		1 18811481 118 18111 81811 88111 81			•	,
7305 S.W. 128TH COURT 7305 S.W. 128TH COURT MIAMI FL 33183 MIAMI FL 33183											
						<u> </u>	DO NOT WR	TE IN THIS	SPACI	Ε	
							Date Incorporated or Qualifed 08/12/1994				
Principal Place of Business     2a. Mailing Address						FEI Number		L	Appl	ied For	
21		<u></u>					65-05.16390			Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5.	Certificate of Status Desired	X		. <b>75</b> Ad ee Req	iditional uired
City & State		City & State			<del></del>	6.	6. Election Campaign Financing S5.00 Trust Fund Contribution Added			.00 N	•
Zip Country		Zip Cou				a	This corporation owes the cur	rent year Inta	ngible		
— <u> </u>		29 30				"	Personal Property Tax.		X Ye		ΩNo
	d Address of Current		1,001	1		10.	Name and Address of New	Registered A	gent		_
PAGUAGA, RAUL A 7305 S.W. 128TH COURT MIAMI FL 33183				82 83		ddress (P	P.O. Box Number is Not Accept	able)	[]		
				84	City			FL		Zip Ci	
11. Pursuant to the provision office or registered agent agent. I am familiar with,	or both in the State of	f Florida. Such change v	was authorize	a bv	the corpora	orporation ation's bo	n submits this statement for the pard of directors. I hereby acce	pt the appoin	:nangi tment	ng its ri as regi	egistered istered
SIGNATURE	rinted name of registered agent	and title if englished	(NOTE: Registere	d Acer	nt eignature reg	ured when n	reinstation)	DATE			
12.	OFFICERS AND		13.	<u> </u>	K Signature 1 bq		ADDITIONS/CHANGES TO OF	FICERS AND	D DIR	ECTOR	S IN 12
TITLE P	01-10011071110	DELE:		ITLE		<u>·</u>			Ch		Addition
NAME PAGUAGA, I	RALIE A		1.2 N	IAME							
			TREE	TADDRESS							
8416841 771	0 000111			HTY-S							
CITY-ST-ZIP MIAMI FL		[] DELE		TLE					☐ Ch	ange	Addition
NAME .	•			IAME							
STREET ADDRESS					FADDRESS						
1				CITY-S							
CITY-ST-ZIP TITLE		☐ DELE		ITLE					☐ Ch	ange	Addition
NAME				IAME	į						
\					T ADDRESS						
STREET ADDRESS				CITY-S							

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Hereby certify that the information supplied with this filing 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, with all other like empowered.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY+ST-ZIP

4.4 CITY-ST-ZIP

DELETE

☐ DELETE

DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Change

Change

Change

☐ Addition

☐ Addition

☐ Addition