

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

APPROVED  
AND  
FILED

95 JUL -7 AM 9:08

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P94000070009**

1. Corporation Name

AIR CENTURY TRAINING AND SERVICES, INC.

Principal Place of Business	Mailing Address
C/O CARLOS PEREZ 3976 ADRA AVENUE MIAMI, FL. 33178	C/O CARLOS PEREZ 3976 ADRA AVENUE MIAMI, FL. 33178

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/20/94	3a. Date of Last Report N/A
---	--------------------------------

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0522713	Applied For Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

PEREZ, CARLOS  
3976 ADRA AVENUE  
MIAMI, FL. 33178

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS PEREZ	1.2 NAME	
STREET ADDRESS	3976 ADRA AVENUE	1.3 STREET ADDRESS	500001533065
CITY-ST-ZIP	MIAMI, FL. 33178	1.4 CITY-ST-ZIP	-07/10/95--01019--016
TITLE	SVP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDO RUIZ	2.2 NAME	N/A
STREET ADDRESS	14121 S.W 39 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33175	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGE ROA	3.2 NAME	N/A
STREET ADDRESS	1840 W 49 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	Hialeah, FL. 33012	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SVP
STREET ADDRESS		4.3 STREET ADDRESS	VERA SAMUDIO
CITY-ST-ZIP		4.4 CITY-ST-ZIP	3976 ADRA AVENUE MIAMI, FL. 33178
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information included with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 on the report or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attached form with an address.

SIGNATURE: Carlos Perez CARLOS PEREZ / PRESIDENT 07-27-95 (305)592-3122  
Signature and typed or printed name of signing officer or director Date Daytime Phone #