1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9400083246

INTER-AMERICAS AVIATION CONSULTING CORP.

| cipal Place of Business |  |
|-------------------------|--|
| cipal Place of Business |  |

Mailing Address

## **FILED** Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90046 004 \*\*\*150.00



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|---|---|--|--|--|--|---|--|---|
| 19016 NW 80 C   | т   | 19016 NW 80  |  |  |  |   |  |   |
| MIAMI FL 33015  | i i i v   | MIAMI FL 33  | 015  |  | •  | DO NOT WRITE IN TH  | IS SPACE                               |   |
|   |   |  | •  |  |  |   | 10 01 7102                             |   |
|   |   | ,  |  |  |  | Date Incorporated or Qualifed   |  |   |
|   |   |  |  |  |  | 11/15/1994  |  |   |
| 2 Dringing Di   | ace of Business   | 2a. Mailing  | Address  |  |  | 4. FEI Number   | A                                      | pplied For                              |
| <u> </u>  | ace of business   | <u>⊢</u>   |  |  | _  | 65-0535200  | N                                      | ot Applicable                           |
| 21  |   | 26 Suito A   | pt. #, etc.  |  |  |   | \$8.75                                 | Additional                              |
| Suite, Apt. i   | #, etc.   | Suite, A   | pr. #, 610.  |  |  | 5. Certificate of Status Desired  | Fee F                                  |   |
| 22  | <u> میں مسیدہ میٹنسستی</u> مان ہے   | 27   |  |  |  |   |  |   |
| City & State  | <b>e</b> .  | City & S   | State  |  |  | 6. Election Campaign Financing  |  | May Be                                  |
| 23  |   | 28   |  |  |  | Trust Fund Contribution   |  | to rees                                 |
| Zip   | Country   | Zip  |  | Country  |  | 8. This corporation owes the current year   | Intangible                             |   |
| 24  | 25  | 29   | 30   |  |  | Personal Property Tax.  | ☐ Yes                                  | □No                                     |
| 24  | 9. Name and Address of Curre  |  |  |  |  | 10. Name and Address of New Registers   | d Agent                                |   |
| <del></del>   | 9. Name and Address of Cont   | int itogratore a rig   |  | 81   | Name   |   |  |   |
| MC II   | IA, HERNAN  | *  |  |  |  |   |  |   |
| MEDI  | A HENITAL   |  | •  | 82   | Street Addr  | ress (P.O. Box Number is Not Acceptable)  |  |   |
|   | 6 NW 80TH CT  |  |  | L.   |  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | فريد (ف دو اوران<br>2 كار العوارة وران | 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 |
| MIAN  | WI FL 33015   |  |  | 83   |  | 一一一一一点,"妈妈说话,我们就是我们   |  | 点点翻舞                                    |
|   | _   |  |  |  |  |   | 85 Zip                                 | Code                                    |
|   |   |  |  | 84   | ' '  | Fig. 1  | L   '   '                              |   |
|   |   |  |  |  |  |   |  |   |
| y many his on a   |   | 1007.4500  | Flanda Ctatutos t  | the above  | o pamed corr   | poration submits this statement for the purpose   | of changing i                          | ts registered                           |
| 11. Pursuant  | to the provisions of Sections 607.05  | 02 and 607.1508,   | Florida Statutes, t  | the above  | e-named corp<br>the corporation                          | poration submits this statement for the purpose on's board of directors. I hereby accept the ap | of changing i<br>pointment as i        | ts registered<br>registered             |
| 11. Pursuant office of pagent La  | to the provisions of Sections 607.05 egistered agent, or both, in the State of familiar with, and accept the object.  | 02 and 607.1508,<br>e of Florida. Such<br>ations of, Section | Florida Statutes, t<br>change was autho<br>607.0505, Florida | the above<br>orized by<br>Statutes   | e-named corp<br>the corporation.                         | poration submits this statement for the purpose on's board of directors. I hereby accept the ap | of changing i<br>pointment as i        | ts registered<br>registered             |
| 1   | to the provisions of Sections 607.05 egistered agent, or both, in the State m fahoiliar with, and accept the oblig  | 02 and 607.1508,<br>e of Florida. Such<br>ations of, Section | Florida Statutes, t<br>change was autho<br>607.0505, Florida | the above<br>orized by<br>Statutes   | e-named corp<br>the corporation                          | poration submits this statement for the purpose on's board of directors. I hereby accept the ap | of changing i<br>pointment as i        | ts registered<br>registered             |
| CICALATURE  | Hillen J  |  |  |  |  | ed when reinstating) DATE   |  |   |
| SIGNATURE   | Signature typed or printed name of registered ag  | gent and title if applicable.                                |  |  |  | <u> </u>  | AND DIRECT                             | ORS IN 12                               |
| SIGNATURE   | Signature oped or printed name of egistered ag  |  | (NOTE: Reg   | istered Ager   |  | ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS   |  | ORS IN 12                               |
| SIGNATURE  12. TITLE  | Signature report or printed name of registered agreement of the state | gent and title if applicable.                                |  | 13.  |  | ed when reinstating) DATE   | AND DIRECT                             | ORS IN 12                               |
| SIGNATURE   | Signature report or printed name cyrisgistered ag OFFICERS A PSTD MEJIA, HERNAN   | gent and title if applicable.                                | (NOTE: Reg   | 13.<br>1.1 TITLE<br>1.2 NAME   | nt signature require                                     | ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS   | AND DIRECT                             | ORS IN 12                               |
| SIGNATURE  12. TITLE  | Signature report or printed name cytoglistered ag OFFICER'S A PSTD MEJIA, HERNAN 19016 NW 80 CT   | gent and title if applicable.                                | (NOTE: Reg   | 13.<br>1.1 TITLE<br>1.2 NAME   |  | ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS   | AND DIRECT                             | ORS IN 12                               |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS   | Signature report or printed name cyrisgistered ag OFFICERS A PSTD MEJIA, HERNAN   | gent and title if applicable.                                | (NOTE: Reg   | 13.<br>1.1 TITLE<br>1.2 NAME   | nt signature require                                     | ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS   | AND DIRECT                             | ORS IN 12                               |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Signature report or printed name cytoglistered ag OFFICER'S A PSTD MEJIA, HERNAN 19016 NW 80 CT   | gent and title if applicable.                                | (NOTE: Reg   | 13. 1.1 TITLE 1.2 NAME 1.3 STREE   | nt signature require                                     | ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS   | AND DIRECT                             | ORS IN 12                               |
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6.4 CITY-ST-ZIP 14. I 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 supplimental 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 or an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

Addition