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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000087148 (0)

1. Corporation Name
PANAMERICAN AIRCRAFT SERVICES, INC.

Principal Place of Business
5373 N.W. 38 STREET
MIAMI SPRINGS FL 33166

Mailing Address
P.O. BOX 660438
MIAMI SPRINGS FL 33266-0438

3. Date Incorporated or Qualified 11/28/1994
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 9990 N.W. 8st Crde
Suite, Apt. #, etc.
22 # 102
City & State
23 Miami FL
Zip
24 33172
Country
25 U.S.A.

2a. Mailing Address
26 P.O. Box 660438
Suite, Apt. #, etc.
27
City & State
28 Miami Springs FL
Zip
29 33266-0438
Country
30

4. FEI Number 65-0539674
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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COPETE, RAUL
5373 N.W. 38 STREET
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

81 Name Copete Raul
82 Street Address (P.O. Box Number is Not Acceptable)
9990 N.W. 8st Crde
83 Suite # 102
84 City Miami FL 85 Zip Code 33172

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	COPETE, RAUL	5373 NW 38 ST	MIAMI SPRINGS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
P	COPETE, RAUL	9990 N.W. 8st Crde	MIAMI FL 33172	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 power 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. If changed, attach an attachment with an address.

SIGNATURE: _____ DATE: 4/25/97 (305) 554 6913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)