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May 14 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 # **P94000092020 (4)**

1. Corporation Name
CLASSIC AVIATION OF VC CORP.

Principal Place of Business	Mailing Address
11484 SW 149 COURT MIAMI FL 33196	11484 SW 149 COURT MIAMI FL 33196-4324

3. Date Incorporated or Qualified: 12/21/1994
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business
21: 15530 S.W. 115 Terr.
22 Suite, Apt. #, etc:
23 City & State: Miami FL
24 Zip: 33196 25 Country: USA

2a. Mailing Address
26: 15530 S.W. 115 Terr
27 Suite, Apt. #, etc:
28 City & State: Miami FL
29 Zip: 33196 30 Country: USA

4. FEI Number: 65-0546641 ☐ 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

MONTIEL, CLAUDIA F
11484 SW 149 COURT
MIAMI FL 33196

10. Name and Address of New Registered Agent

81 Name: Maglio J Montiel
82 Street Address (P.O. Box Number is Not Acceptable): 15530 S.W. 115 Terrace
83
84 City: MIAMI FL 85 Zip Code: 33196

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: X [signature] 03/18/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	MONTIEL, MAGLIO J		1.2 NAME	
STREET ADDRESS	11484 SW 149 COURT		1.3 STREET ADDRESS	15530 S.W. 115 Terrace
CITY-ST-ZIP	MIAMI FL 33196		1.4 CITY-ST-ZIP	MIAMI FL 33196
TITLE	VSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MONTIEL, CLAUDIA F		2.2 NAME	
STREET ADDRESS	11484 SW 149 COURT		2.3 STREET ADDRESS	15530 S.W. 115 Terrace
CITY-ST-ZIP	MIAMI FL 33196		2.4 CITY-ST-ZIP	Miami FL 33196
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
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 (9/96)

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 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: [signature] REQUIRED 03/18/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #