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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P95000009614 (5)

PEGASUS HELICOPTER, INC.

**FILED** Apr 27 1998 8:00am Secretary of State



Sulfa, Api R, etc.    Sulfa, Api R, etc.   Sulfa, A	Principal Place of Business Mailing Address							1 IDAILBAN NY 1840 ARIS ADISTABAN ABIN ABIN ABIN ABIN ABIN ABIN ABIN				
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2. Principal Place of Business	NORT	ih miami beach fl	33162	NORTH MIAMI BEAC	NORTH MIAMI BEACH FL 33162			DO NOT WRITE IN THIS SPACE				
28. Making Address   28. Making Address   4. Filt Number   Applicable for Eth Number												
28   Mailing Address   28   Mailing Address   4   FEI Number								•				
Sulfa, Api R, etc.    Sulfa, Api R, etc.   Sulfa, A	2. Principal Place of Business 2a. Mailing Address							4. FEI Number		TA.	pplied For	
Sulfa, April 4, 46 C 2 Solide	21			26				65-0553076			· · · · · · · · · · · · · · · · · · ·	
City & State    City & State	Suite, Apt. #. etc.			Suite, Apt. #, etc.					\$8.75	Additional		
Zip	22							o. Centricate of Status Desired		Fee F	Required	
28   28   30   Personal Project Scale Unity   29   30   Personal Project Scale Units   30   Personal	City & State			City & State				6. Election Campaign Financing		\$5.00	May Be	
8. Name and Address of Current Registered Agent  AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134  80   Sirvet Address (P.O. Box Number is Not Acceptable)  52   Sirvet Address (P.O. Box Number is Not Acceptable)  53   Sirvet Address (P.O. Box Number is Not Acceptable)  54   City   FL   85   Zip Code  51. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florids Statutes, the above-named corporation submits this statement for this purpose of changing its registered office or registered agent, or both, in the State of Revices Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, and accept the orbitizations of, Stocion 607 0505, Florids Statutes.  SIGNATURE  54   OFFICERS AND DIRECTORS IN 12   DATE  15   OFFICERS AND DIRECTORS IN 12   DATE  15   OFFICERS AND DIRECTORS IN 12   DATE  16   TITLE   DATE  17   OFFICERS AND DIRECTORS IN 12   DATE  17   OFFICERS AND DIRECTORS IN 12   DATE  18   DATE  19   DELETE   STITLE   DATE  19   DATE  10   DELETE   STITLE   DATE  10   DATE  11   DELETE   DATE  12   DATE  13   DATE  14   DATE  15   DATE  15   DATE  16   DATE  16   DATE  17   DATE  16   DATE  17   DATE  18   DATE  19   DATE  19   DATE  19   DATE  19   DATE  19   DATE  10   DATE  10   DATE  10   DATE  10   DATE  10   DATE  11   DATE  12   DATE  13   DATE  14   DATE  15   DATE  15   DATE  16   DATE  16   DATE  17   DATE  16   DATE  17   DATE  18   DATE  19   DATE  19   DATE  19   DATE  10   DATE  10   DATE  10   DATE  10   DATE  11   DATE  12   DATE  13   DATE  14   DATE  15   DATE  16   DATE  17   DATE  16   DATE  17   DATE  18   DATE  19   DATE  19   DATE  19   DATE  10   DATE  10   DATE  10   DATE  11   DATE  11   DATE  12   DATE  13   DATE  14   DATE  15   DATE  15   DATE  16   DATE  16   DATE  17   DATE  18   DATE  19   DATE  19   DATE  10   DATE  10   DATE  11   DATE  12   DATE  13   DATE  14   DATE  15   DATE  16   DATE  17   DATE  16   DATE  17   DATE  18   DATE  19   DATE  19   DATE  10   DATE  11	23	<del></del>	····					Trust Fund Contribution	ᆜ	Added	to Fees	
AMERILA MYER  AMERILA MYER  343 ALMERIA AVENUE  CORAL GABLES FL 33134  84 City  85 Extract Address (P.O. Box Number is Not Acceptable)  85 Extract Address (P.O. Box Number is Not Acceptable)  86 City  87 Extract Address (P.O. Box Number is Not Acceptable)  87 Extract Address (P.O. Box Number is Not Acceptable)  88 Extract Address (P.O. Box Number is Not Acceptable)  89 Extract Address (P.O. Box Number is Not Acceptable)  80 Extract Address (P.O. Box Number is Not Acceptable)  81 Extract Address (P.O. Box Number is Not Acceptable)  82 Extract Address (P.O. Box Number is Not Acceptable)  83 Extract Address (P.O. Box Number is Not Acceptable)  84 City  85 Extract Address (P.O. Box Number is Not Acceptable)  86 Extract Address (P.O. Box Number is Not Acceptable)  87 Extract Address (P.O. Box Number is Not Acceptable)  88 Extract Address (P.O. Box Number is Not Acceptable)  89 Extract Address (P.O. Box Number is Not Acceptable)  80 Extract Address (P.O. Box Number is Not A		)				ntry		,	_			
AMERILAWYER  343 ALMERIA AVENUE  CORAL GABLES FL 33134  80  61  62  63  64  64  67  67  68  68  68  69  68  69  69  69  69  69	24		30									
AMERIA AVENUE CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  83 84 City FL 85 Zip Code  84 City FL 85 Zip Code  85 2ip Code  86 87 88 88 88 88 88 88 88 88 88 88 88 88												
CORAL GABLES FL 33134  83  84 City  FL 85 Zip Code  11. Pursuent to the provisions of Sections 657 0502 and 607 1508. Florids Statutes, the above-named corporation submits his statement for the purpose of changing its registered agent L am femiliar with, not accept the obligations of, Section 607 505. Florids Statutes  SIGNATURE  Symilar, hypod or pursue of registered agent and accept the obligations of, Section 607 505. Florids Statutes  SIGNATURE  Symilar, hypod or pursue of registered agent and accept the obligations of, Section 607 505. Florids Statutes  SIGNATURE  Symilar, hypod or pursue of registered agent and time if approvable (Prof. Registered Agent segrature registered agent Lam Name Addition Name  TITLE  PDSC  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PAMAZAKI, TAKASHI  STRET ADDRESS  OTY-SI-2P  NORTH MIAMI BEACH FL  OFFICERS AND DIRECTORS  13. STRET ADDRESS  OTY-SI-2P  13. STRET ADDRESS  OTY-SI-2P  NORTH MIAMI BEACH FL  22 AMAC  24 AMAC  24 AMAC  42 AMAC  43 STRET ADDRESS  OTY-SI-2P  TITLE  DELETE  33 STRET ADDRESS  OTY-SI-2P  NORTH MIAMI BEACH FL  OFFICERS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  Change Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  Change Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  Change Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  Change Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  Change Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  Change Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  Change Cha												
Saling   S						82	Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
11. Pursuent to the provisions of Sections 607 D502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and more of registered agent and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature, typod or pretend name of registered agent and fire? agriculation (NOTE Registered Agent Explaints registered Signature).  12. OFFICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PDSC  VAMAZAKI, TAKASHI  SIBERT ADDRESS  ON ORTH MIAMI BEACH FL  13. SIBERT ADDRESS  ON ORTH MIAMI BEACH FL  14. CITY-ST-2P  NORTH MIAMI BEACH FL  NORTH MIAMI BEACH FL  15. STREET  16. STREET  17. STREET  18. STREET ADDRESS  ON ORTH MIAMI BEACH FL  18. STREET ADDRESS  ON ORTH MIAMI BEACH FL  19. STREET ADDRESS  ON ORTH MIAMI BEACH FL  10. OELETE  11. TITLE  12. AND ORTH MIAMI BEACH FL  13. STREET ADDRESS  ON ORTH MIAMI BEACH FL  14. CITY-ST-2P  NORTH MIAMI BEACH FL  15. STREET  16. STREET  17. STREET  18. STREET ADDRESS  ON ORTH MIAMI BEACH FL  18. STREET ADDRESS  ON ORTH MIAMI BEACH FL  19. STREET	COMME CARRES PE 33134				-  -	83						
11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signatus, lipse to proted care of tripliners spiral with in recombination of the control of the components of the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signatus, lipse to proted care of tripliners spiral with the recombination of the control of												
11. Pursuant to the provisions of Socians 607 0502 and 607 1509, Florida Statutes, the above-named corporation submits interment for the purpose of changing its registered apoint or 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 apont I am familiar with, and accept the obligations of, Socians 607,0505, Florida Statutes.  SIONATURE  SIQUALIZATION TO THE CONTROL OF PROPERTIES OF THE CONTROL OF THE CONTROL OF PROPERTIES OF THE CONTROL OF PROPERTIES OF THE CONTROL OF THE CONT					[·	84	City		EI	<b>85</b> Zip	Code	
SIGNATURE  Signature, typed or protected agent and title? Approximate (NOTE Registered Apprat signature)  TITLE  PDSC  OFFICERS AND DIRECTORS  TITLE  PDSC  VAMAZAKI, TAKASHI  STRETADORES  NORTH MIAMI BEACH FL  TITLE  VT  NORTH MIAMI BEACH FL  TITLE  PSS  STRETADORESS  CITY-ST-ZIP  TITLE  PSS  DELETE  1.1 TITLE  VT  DELETE  2.1 TITLE  VT  DELETE  2.2 MAME  SON IT STREET ADORESS  CITY-ST-ZIP  TITLE  PSS  DELETE  3.3 STREET ADORESS  CITY-ST-ZIP  NORTH MIAMI BEACH FL  DELETE  3.4 CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  NORTH MIAMI BEACH FL  DELETE  3.4 CITY-ST-ZIP  NORTH MIAMI BEACH FL  DELETE  3.5 STREET ADORESS  CITY-ST-ZIP  NORTH MIAMI BEACH FL  DELETE  3.5 STREET ADORESS  CITY-ST-ZIP  NORTH MIAMI BEACH FL  DELETE  3.5 STREET ADORESS  CITY-ST-ZIP  NORTH MIAMI BEACH FL  DELETE  3.5 STREET ADORESS  CITY-ST-ZIP  NORTH MIAMI BEACH FL  DELETE  3.5 STREET ADORESS  CITY-ST-ZIP  NORTH MIAMI BEACH FL  DELETE  3.5 STREET ADORESS  CITY-ST-ZIP  NORTH MIAMI BEACH FL  DELETE  3.5 STREET ADORESS  CITY-ST-ZIP  NORTH MIAMI BEACH FL  DELETE  3.5 STREET ADORESS  CITY-ST-ZIP  NORTH MIAMI BEACH FL  DELETE  3.5 STREET ADORESS  CITY-ST-ZIP  Addition  Addition  STREET ADORESS  CITY-ST-ZIP  ADDITIONS/CHANGES IN TITLE  DELETE  1.1 TITLE  1.5 STREET ADORESS  CITY-ST-ZIP  ADDITIONS/CHANGES IN TITLE  1.5 STREET ADORESS  CITY-ST-ZIP  ADDITIONS/CHANGES  CITY-ST-ZIP  ADDITIONS/CHANGES  CITY-ST-ZIP  ADDITIONS/CHANGES  CITY-ST-ZIP  ADDITIONS/CHANGES  CITY-ST-ZIP  ADDITIONS/CHANGES  CITY-ST-ZI	11. Pr	ursuant to the provis	sions of Sections 607 050	2 and 607 1508 Florida St	tatutes the sh	01/0	named corr	poration submits this statement for the		changing	ite registered	
SIGNATURE    Signature, lipided or portical name of registered algorit and allow of registeration   NUTE   Registered Agent segnature required when reletating    DATE	of	fice or registered a	gent, or both, in the State	of Florida. Such change v	vas authorized	by	the corporat	tion's board of directors. I hereby acce	ot the appo	ointment a	s registered	
Signature, speed or profited same of registrosis and like of expensions (IRCHE Registrated Apperts signature required where reintalling)   DATE		-	ith, and accept the obligation	ations of, Section 607.050:	o, Fiorida Statu	nes.						
TILL  PDSC												
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	ind	dicated on this annu	ual report or supplementa	Il annual report is true and	accurate and	that	t my signatui	re shall have the same legal effect as it	made und	ler oath; th	nat 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.	of Bi	ticer or director of the	no corporation or the rece if changed, or on an attac	eiver or trustee empowered chment wit⊭ an address.	s to execute th	iis re	eport as requ	uired by Chapter 607, Florida Statutes;	and that m	y name ar	opears in	

Takashi Yamazaki 450/98 35-654-3534