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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P95000013164

FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90161 034 ***150.00

APOLLO AIRLINE SUPPORT GROUP CORP.

Principal Place of Business Mailing Address									Billio n alb fi	101 Utlik 01		50 111 01	BIA3 IIAI	10 311 0 5 11		31 0141 160 1	
7819 N.W. 15TH STREET		7819 N.W. 15TH STREET															
MIAMI FL 33120	6	MIAMI FL 33126				DO NOT WRITE IN THIS SPACE											
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								02/15									
2. Principal Pl	ace of Business	2a. Mailing Address				+		FEI Nur						\Box	Ar pli	ed For	1
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Zip	Country	Zip	Cour 30	ıtry					poration of Property		curren	ı yea		gible 1 Yes	г	No	
24	9. Name and Address of Currer		[30]			Щ,			nd Addre		ew Reg	giste			_=		┪
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BRICKELL BAY OFFICE TOWER				02	Street Ma	uiess	, (r. c	O. DUX	Number	ber is Not Accept		Φ)					
	S. BAYSHORE DRIVE, SUITE 2	702	Ì	83													1
MAIN	M FL 33131-4900		ŀ	84	City									85 Zi	ip Cor	de	\dashv
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11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Stalute	es, the ab	ove-	named co	rpora	tion :	submits	this state	ement for hereby a	the pu	irpos :	of ch	anging nent as	its re	gistered tered	
agen . f a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Statu	ites.	ne corpera				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
SIGNATURE											_						1
	Signature, typed or printed name of registered age		<u> </u>	Agent	signature requ	ired wh			NS/CHAN	ICES TO	OEEK	DATE		DIREC	TOR	S IN 12	- g
12.	P OFFICERS AI	ID DIRECTORS	13.	16			AI	DUITIO	NS/CHAI	IGES TO	OFFIC	<u>JLINC</u>		Chang		Addition	╣ ;
NAME	BOTERO, MARIA E		12 NA														
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NAME	RIVAS, FRANCISCO																
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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 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, with all other like empowered. CITY-ST-ZIP

MOF SIGNING OFFICER OR DIRECTOR DAZZA SIGNATURE: