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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000026682 (1)

CARIBEAN AVIATION SERVICES, INC.

Principal Place of Business Mailing Address					r nedicent til tills strik som som oden bliss mans som salt bis til b			
13229 SW 131 STREET 13229 SW 131 STREET MIAMI FL 33186 S837								
					ļ			
US		U\$			3. Date Incorporated or Qualified	3a. Date of Last Report		
					04/04/1995	08/14/1996		
2. Principal f	Place of Business	28. Mailing Address			4. FEI Number	Applied For		
21		26			65-0583432	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional			
22	_	27			5. Certificate of Status Desired	Fee Required		
City & State City & State		City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country	′	8. This corporation has liability for			
24	25	29	30			Yes No		
9, Name and Address of Current Registered Agent				Nam	10. Name and Address of New Re	gistered Agent		
QUESADA, JOSE A JR.			"	INGILI				
1	349 S.W. 145TH COURT AMI FL 33186		82	Stree	of Address (P.O. Box Number is Not Acceptat	ole)		
MIA		83	ļ					
			03					
			84	City		FL 85 Zip Code		
11 Principal	to the provisions of Sections 607.05	02 and 607 1508 Florida Statut	os the abou		ed corporation submits this statement for the			
office or	registered agent, or both, in the State	e of Florida. Such change was	authorized b	the co	ed corporation submits this statement for the perporation's board of directors. I hereby acception	of the appointment as registered		
	am ramiliar with, and accept the oblig	Jations of, Section 607.0505, Fit	orida Statute	S.				
SIGNATURE	Signature, lyped or printed name of registered ag	pent and little if applicable (NOT	E. Ropistered Ag	ont signati	ure required when reinstating)	DATE		
12.		ND DIRECTORS	18.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1.1 11TLE		P/T/D	Change Addition		
NAME	QUESADA, JOSE A JR.		1.2 NAME		QUEBADA, JOSE A. JR. 10349 S. W. 145th Cour	•		
STREET ADDRESS	10349 S.W. 145TH COURT		1.3 \$TREE	ADDRESS	10349 S.W. 145th Cove	 -		
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-	T-ZIP	MIANI, FL. 33186			
TITLE	VD	☐ DELETE	2.1 TITLE		V/S D	Change Addition		
NAME	FRADE, CARLOS		2.2 NAME		FRADE CARLOS CLOS	. /		
STREET ADDRESS	13011 SW 84 STREET		2.3 STREE	ADDRESS	FRADE CARLOS STREET			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-	ST - ZIP	MIAHI, FL. 33183			
TITLE	ł	☐ DELETE	3.1 TITLE		1	Change Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STHEF		5			
CITY-ST-ZIP		DELETE	3.4. CITY -	ST-ZIP		Chance		
TITLE		ריין מנונונ	4.1 TITLE			☐ Change ☐ Addition		
NAME			4. 2 NAME	1 DDDC				
STREET ADDRESS	1		4.3 STREE					
CITY-ST-ZIP TITLE	 	DELETE	5 1 TILE) - AP		Change Addition		
NAME			5 2 NAME			CT control.		
STREET ADDRESS				YUUDEGG	s			
CITY-ST-ZIP		,	5 3 STREE 5 4 City-:		3			
TITLE	 	DELETE	61 TITLE	21-411		Change Addition		
NAME	İ		6.2 NAME					
STREET ADDRESS			6.3 STREE	ADDRESS	s			
CITY-ST-ZIP			6.4 CITY-					
V111 VI 611			0.5 0111		1			

I do hereby certify that the information supplied with this filling 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 eath; 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. A on an attachment with an address.