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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

Principal Place of Business

Secretary of State 1998 DIVISION OF CORPORATIONS **POCUMENT #** P95000072533 (9) T&S AEROEXPRESS AVIATION SERVICES, CO. Mailing Address 1566 NE 110 TERRACE 1566 NE 110 TERRACE MIAMI FL 33161 MIAMI FL 33161 DO NOT WRITE IN THIS SPACE US US Date Incorporated or Qualified 09/18/1995 2. Principal Place of Business 21 2200 Scott Ocenn. DR. 2a. Mailing Address Applied For 2200. South Ocenn. DR 65-0608597 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 212 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Hollywood FLORIDA Trust Fund Contribution Added to Fees Country USA 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TINOCO, CESAR lsutter F **1566 NE 110 TERRACE** Street Address (P.O. Box Number is Not Acceptable 2200. South Ocean MIAM! FL 33161 Hollywood 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, am familier with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE X: DMMP QUICE 100. (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DIRECTORS 13. JOANNA Buttenfield 2200 South Ocenn, Dr. # 212 TITLE DELETE Change 1.1 TITLE NAME TINOCO, CESAR S 1.2 NAME 1566 NE 110 TERR STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33161** HOLLY WOOD, FLORIDA CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE HAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 5 1 TITLE NALIF 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE Change Addition 61 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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.

Johnna Buller

Daytime Phone #

**FILED** 

Apr 29 1998 8:00am