

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 24 1997 8:00am  
Secretary of State

DOCUMENT # P95000076982

1. Corporation Name:

PENINSULAR AVIATION SYSTEMS, INC

Principal Place of Business

1390 BRICKEL AVE.  
3rd FLOOR  
MIAMI, FL. 33130

Mailing Address

1390 BRICKEL AVE.  
3rd FLOOR  
MIAMI, FL 33130

3. Date Incorporated or Qualified

10/09/1995

3a. Date of Last Report

2. Principal Place of Business

21 7314 N.W. 56th STREET

2a. Mailing Address

26 P.O BOX 52-2147

Suite, Apt. #, etc

22 N/A

Suite, Apt. #, etc

27 N/A

City & State

23 MIAMI, FLORIDA

City & State

28 MIAMI, FLORIDA

Zip

24 33166

Country

25 USA.

Zip

29 33152

Country

30 USA.

4. FEI Number

65-0617555

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

CASTILLO, ALVARO. B.  
1533 SUNSET DRIVE  
SUITE 201  
MIAMI, FL 33143

10. Name and Address of New Registered Agent

81 Name

LAGO, PABLO

82 Street Address (P.O. Box Number is Not Acceptable)

7314 N.W. 56th STREET

83

84 City

MIAMI,

FL

85 Zip Code  
33166

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

(Signature of current registered agent and this is applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

April 16/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS LAGO, PABLO  
CITY-ST-ZIP 7721 S.W. 93rd AVENUE  
MIAMI, FLORIDA 33173

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☒ Change ☐ Addition  
12 NAME LAGO, PABLO  
13 STREET ADDRESS 7314 N.W. 56th STREET  
14 CITY-ST-ZIP MIAMI, FLORIDA 33166

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME 7000021564 P  
63 STREET ADDRESS -04/28/97--01067--007  
64 CITY-ST-ZIP \*\*\*165.00

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 of signing officer or director)

DATE

Daytime Phone #

April 16/97 305 888 6713

CR2E034 (9/96)