

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90052 015 \*\*\*158.75

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1. Corporation Name

JRM AIRCRAFT MAINTENANCE CORPORATION

Principal Place of Business

6210 W 6TH AVE  
HIALEAH FL 33012  
US

Mailing Address

P.O. BOX 988645  
MIAMI FL 33299

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1996

4. FEI Number

65-0657468

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

X

Yes ☐ No

2. Principal Place of Business

21 100 SE 2nd ST.

Suite, Apt. #, etc.

22 28 Floor

City & State

23 Miami, FL

Zip

24 33131

Country

25 US

2a. Mailing Address

26 100 SE 2nd ST

Suite, Apt. #, etc.

27 28 Floor

City & State

28 Miami, FL

Zip

29 33131

Country

30 US

9. Name and Address of Current Registered Agent

FERNANDEZ, RICHARD M. ESQ.  
11077 DISCAYNE BLVD.  
PENTHOUSE  
MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name  
82 KIDS REGISTERED Agent Corp.  
83 100 SE 2nd ST.  
84 28 Floor  
85 City  
Miami  
86 State  
FL  
87 Zip Code  
33131

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Michael Koshitzki, Pres 3/29/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CRUZ, JOSE L

STREET ADDRESS 6210 W. 6 AVE.

CITY-STATE-ZIP HIALEAH FL 33012

TITLE VPST ☐ DELETE

NAME VILLACORTA, MIGUEL

STREET ADDRESS 10233 SW 120TH ST

CITY-STATE-ZIP MIAMI FL 33176

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

Date

205-871-3100

Daytime Phone #

CR2E034 (11/98)

0557544