

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Har...  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 25, 1999 8:00 am**  
**Secretary of State**

06-25-1999 90013 013 \*\*\*150.00  
07-28-1999 90019 020 \*\*\*400.00

DOCUMENT # **P96000041194**

1. Corporation Name  
**INTERNATIONAL AVIATION FIELD SERVICE, INC.**

*L550*

Principal Place of Business  
21120 HIGHLAND LAKES BLVD.  
NO MIAMI FL 33179

Mailing Address  
21120 HIGHLAND LAKES BLVD.  
NO MIAMI FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/08/1996**

4. FEI Number  
**65-0669008**

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 owes the current year intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip Country  
24. Zip Country

2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip Country  
29. Zip Country  
30. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RENAUD, R T**  
**21120 HIGHLAND LAKES BLVD.**  
**NO MIAMI FL 33179**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MENENDEZ, BLANCA</b>	
STREET ADDRESS	<b>128 NW 93RD AVE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>NADEL, DAWN</b>	
STREET ADDRESS	<b>1859 NW 126TH AVE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33028</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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:

*Dawn Nadel* **REQUIRED**

**4/30/99**

**450 704**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #