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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000081173 (2)

FILED May 05 1998 8:00am Secretary of State

WAYN	e Mille r aviation servic	CES, INC.							
Principal Plac	ce of Business	Mailing Address						IFFAL IN FALL	
\$510 S.W. 96 AVENUE 5510 S.W. 96 AVENUE									
MIAMI FL 33165 MIAMI FL 33165						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			٦
			_			09/30/1996	_		
⊢ ⊸ `	Place of Business	2a. Mailing Address				4. FEI Number	Applied For		
21	# at	26	Suste, Apt. #, etc.			65-0697409	Not Applicable \$8.75 Additional		
Suite, Apt. #, etc.		27				5. Certificate of Status Desired		O Additional Required	
City & Star	te	City & State				6. Election Campaign Financing		00 May Be	1
23		28				Trust Fund Contribution		d to Fees	
Z ip	Country	Ziρ	<u> </u>	intry		8. This corporation owes or has paid the cu			
24	25 9. Name and Address of Curren	29	30]	· · · ·		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes	No.	4
		it negletelen Agent		81	Name	10. Name and Address of New Registered	ryon		┥
	ller, wayne 10 s. w. 96 avenue								_
MIAMI FL 33165				82	Street A	Address (P.O. Box Number is Not Acceptable)			
,,,,			i	83					1
				84	City		85 Z	ip Code	\dashv
44-6				لسا	-	FL	.	· 	1
office or	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida, Such change was	utes, the ai	bove d by	the corp	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appropriate the contraction of the contrac	r changin ointment	g its registered as registered	
	am f am iliar with, and accept the obliga	ations of, Section 607.0505, I	lorida Stat	lutes					
SIGNATURE	Signature, typed or printed hank of registered age	on and tile if approable (NO	DIE: Registere:	d Ager	nt signature r	required when reinstating) DATE			-
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND			100
TITLE	P	DELETE					Chang	je 🔲 Addition	_ ~
NAME	MILLER, WAYNE 5510 SW 96TH AVE		1.2 N/						FUSA
STREET ADDRESS CITY-ST-ZIP	MIAMI FL		1	TY-ST	ADDRESS				١ō
TITLE	MIN MAIL I E	DELETE	2.1 Ti		1 - ZIF		Chang	e Addition	- 6
NAME			2.2 N/	AME	1				1
STREET ADORESS			2351	ree1,	ADDRESS				
CITY-ST-ZIP			2 4 0		T-ZIP				_
TITLE		L_] DELETE	3.1 70		-		L. Chang	e L Addition	
NAME Street address			3.2 N/	-	ADDRESS				
CITY-ST-ZIP			3.3 SI 3.4. C						
TITLE		DELETE	4.1 11		, - <u>I</u>		Chang	e 🔲 Addition	1
NAME			4. 2 N	AME					ĺ
STREET ADDRESS			4.3 \$1	REET	ADDRESS				
CITY-ST-ZIP				TY-ST	r-zip			- 	_
TITLE		[_] DELETE	5.1 TF				L Chang	je 🔲 Addition	
NAME OTREET ADDRESS			5.2 NA		*DD0L00				
STREET ADDRESS City-St-Zip			5.3 ST 5.4 CT		ADDRESS				
TITLE		DELETE	6.1 70		- 411		Chang	e Addition	1
NAME			6.2 N/		1				1
STREET ADDRESS			6.3 ST	REET	ADDRESS				
CITY-ST-ZIP			6.4 CI	TY-ST	-ZIP	d in Continue 110 07/20/3) Classide Ctabular 1 forther an			
S. I. basaba									

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.