

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

DOCUMENT # P96000082408

1. Corporation Name
GLOBE AIR SERVICES, INC.

Principal Place of Business
6025 NW 18TH STREET
CARGO BLDG. 716E. SUITE E-1
MIAMI FL 33122

Mailing Address
P.O. BOX 590653
MIAMI FL 33159

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90022 036 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/02/1996

4. FEI Number
65-0699144

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUBROW DUKER & ASSOCIATES P.A.
2840 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

81 Name
DUBROW DUKER & ASSOCIATES P.A.

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

83 2832 UNIVERSITY DRIVE

84 City CORAL SPRINGS FL 85 Zip Code 33065

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME ARTHO, ASTRID P
STREET ADDRESS 2901 SOUTH BAYSHORE DR., #4H
CITY-ST-ZIP MIAMI FL 33133

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME TORDJMAN, GUY
STREET ADDRESS 2753 NE 164 TERR.
CITY-ST-ZIP N. MIAMI FL 33160

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE S
NAME DUKER, STEVEN D
STREET ADDRESS 2832 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33065

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

GUY TORDJMAN, PRESIDENT

FEBRUARY 05, 1999 305-8714011

Date

Daytime Phone #

CR2E034 (11/98)