## 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 # **P96000087343**1. Corporation Name

AEROSERVICIOS USA, INC.

Principal Place of Business	Mailing Address	
3731 NW 25TH ST	3731 NW 25TH ST	
MIAMI FL 33142	MIAMI FL 33142	
US	US	

## FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90112 050 \*\*\*150.00



US	US			DO NOT WRITE IN THIS SPACE			
00		•		3. Date Incorporated or Qualifed			
					10/21/1996	<u> </u>	
2. Principal P	2. Principal Place of Business 2a. Mailing Address				4. FEI Number		Applied For
21		26			65-0711500		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
22	<u> </u>	27			2. Octation of Capaciton 12	Fee	Required
City & Stat	te	City & State			6. Election Campaign Financing		<b>00</b> May Be
23		28			Trust Fund Contribution	Add	ed to Fees
Zip	Country	Zip	Col	untry	8. This corporation owes the current year		
24	25	29	30	<del>,</del>	Personal Property Tax.	☐ Yes	□No -
	9. Name and Address of Currer	nt Registered Agent		<del></del>	10. Name and Address of New Registe	red Agent	<del></del>
				81 Name		•	
	rano, gabriel			82 Street Add	iress (P.O. Box Number is Not Acceptable)		<del></del>
• • •	I NW 25TH ST			Oli Cel Made	tose (1:0) box realition is the theoretically		
MIAI	VI FL 33142			83			
				<u> </u>		· 	
				84 City	1	FL  85   2	ip Code
11 5	to the equiples of Costings 607 050	2 and 607 1509 Florida Statute	e the s	boyo pamed corr	poration submits this statement for the purpos		its registered
office or r	egistered agent, or both, in the State	of Florida. Such change was a	uthorize	d by the corporati	ion's board of directors. I hereby accept the a	ppointment as	registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Floa	rida Stat	tutes.		,	
SIGNATURE							
	Signature, typed or printed name of registered age			Agent signature require	ed when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		TORS IN 12
12.		ID DIRECTORS	13.	——————————————————————————————————————	ADDITIONS/CHANGES TO OFFICER	Chan	
TITLE	P	LI DELETE	1.1 T				ge
NAME	SERRANO, GABRIEL		1.2 N	AME			
STREET ADDRESS	3731 NW 25TH ST		1.3 S	TREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33142		1.4 C	ITY-ST-ZIP			
TITLE	VP	☐ DELETE	2.1 T	TLE ]		Chan	ge
NAMÉ	SERRANO, GABRIEL JR		2.2 N	AME			
STREET ADDRESS	3731 NW 25TH ST		2.3 \$	TREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33142		240	CITY-ST-ZIP	•		
TITLE	WIDAWI I E OO I AL	☐ DELETE	31T			Chan	ge 🔲 Addition
		<del>_</del>	3.2 N		·	**	
NAME				į			
STREET ADDRESS				TREET ADORESS		* - 4,	
CITY-ST-ZIP		☐ DELETE		ZITY-ST-ZIP		[] Chan	ge Addition
TITLE		□ herele	4.1 T			L) Shair	5- LJ,dino.
NAME			1	IAME			
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP				ITY-ST-ZIP			
TITLE		☐ OELETE	5.1 T	I .		Chan	ge 🗌 Addition
NAME			5.2 N		•	• •	•
STREET ADDRESS			5.3 S	TREET ADDRESS		•	
CITY-ST-ZIP			5.4 C	ITY-ST-ZIP			
TITLE		□ DELETE	6.1 T	TLE		Chan	ge Addition
NAME			6.2 N	AME	. 1		
1		•	•	TREET ADDRESS	•		
STREET ADDRESS		_ \					
CITY-ST-ZIP		\ \ \	6.4 C	TY-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 the 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 pritustee 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 attaching that it an address with all other like empowered.

SIGNATURE: 🗡