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PROFIT CORPORATION **ANNUAL REPORT**

1997



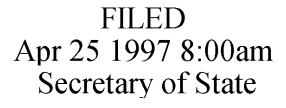
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000093320 (5)

MIAMI EXECUTIVE AVIATION, INC.



Principal Blace	o of Puningson	Malifina Address				
Principal Place of Business Mailing Address 15001 NORTHWEST 42 AVENUE 15001 NORTHWEST 42 AV					. , , , , , , , , , , , , , , , , , , ,	10195 11175 1115 11511 ESII (ESI
OPA-LOCKA FL	33054	OPA-LOCKA FL 33054-20	324			
					3. Date Incorporated or Qualified 3s 11/14/1996	. Date of Last Report
2. Principal Place of Business 2a. Mailing Address 21					4. FEI Number 65-0706181	Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.						Not Applicable \$8.75 Additional
22 27				5. Certificate of Status Desired	Fee Required	
City & State City & State				6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for intang	gible tax under s. 199.032, s □ No
24	9. Name and Address of Cur	rrent Registered Agent	30	<u>-</u>	Florida Statutes Yes	
ALIC	RILAWYER CHARTERED			B1 Name		
	ALMERIA AVENUE			82 Street A	Address (P.O. Box Number is Not Acceptable)	-
	AL GABLES FL 33134			JE SHOULA	(BIOBIQUON 10 PRO 81 PROHIBER ACCEPTAGE	
, 550				83		
:				84 City		85 Zip Code
			.,	1 1		FL
office or r agent. I a	egistered agent, or both, in the S m familiar with, and accept the ol	usoz and 607,1506, Florida Statale of Florida Such change wa bligations of, Section 607.0505,	tities, trie ai is authorize Florida Stat	d by the corporates.	corporation submits this statement for the purpo oration's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE	Signature, lyped or printed name of registered	d agent and tire it anoticable (N	IOTE: Begisless	Accel signature r	equired when reinstating) DA	df
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PSTD	☐ DELE1E	1.1))	LF		☐ Change ☐ Addition
NAME	VASQUEZ, FABIO A		1.2 N/	ME		
STREET ADDRESS	15001 NORTHWEST 42 AVE	ENUE	1.3 St	REET ADDRESS		
CITY-ST-ZIP	OPA-LOCKA FL 33054			IY-S1-ZIP		
TITLE		☐ DELETE	2.1 Ti]		Change Addition
NAME			2.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 C 31 1	1Y - ST - ZIP		Change Addition
NAME		ביין ואננונ	3 1 11 3.2 N/	1		Fit priorities Fit whattion
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				TY-S1-71P		
TITLE	____\	DELETE	4.1 10			Change Addition
NAME		- ···	4.2 N			
STREET ADDRESS				REE1 ADDRESS	•	
CITY-ST-ZIP			- 1	IY-ST-ZIP		
TITLE		DELETE.	5.1 Tri			Change Addition
NAME			5 2 N	ME		
STREET ADDRESS						
			53 \$1	REET ADDRESS		
CITY-ST-ZIP			54.00	Y - \$1 - ZIP		
CITY-ST-ZIP TITLE		DELETE		Y - \$1 - ZIP		Change Addition
		☐ OÈLETE	54.00	IY-S1-ZIP LF		Change Addition
TITLE		☐ O£LETE	5.4 CI 6.1 TH 6.2 NA	IY-S1-ZIP LF		Change Addition

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 eath; 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 manged, or on an attachment with an address.