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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000093417 (9)

1. Corporation Name

AIRWORTHINESS WORLDWIDE, INC.

Principal Place of Business

430 NE 113TH ST
MIAMI FL 33161

Mailing Address

430 NE 113TH ST
MIAMI FL 33161-6647

3. Date Incorporated or Qualified

11/12/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0717313

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

SANTANA, ELIZABETH
430 NE 113TH ST
MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name

Hector De Leon

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

430 NE 113TH ST

83

84 City

Miami

FL

85 Zip Code

33161

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

Hector de Leon

2/28/97

Signature required for printed name of registered agent and fee if applicable

(NOTE: Ring-stored Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DE LEON, HECTOR
STREET ADDRESS 430 NE 113TH ST
CITY- ST- ZIP MIAMI FL 33161

TITLE P.
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P
1.2 NAME DE LEON, HECTOR
1.3 STREET ADDRESS 430 NE 113TH ST.
1.4 CITY- ST- ZIP Miami, FL 33161

2.1 TITLE V, T, S
2.2 NAME SANTANA, ELIZABETH
2.3 STREET ADDRESS 430 NE 113TH ST
2.4 CITY- ST- ZIP Miami, FL 33161

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

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

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

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

14. I do 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.

SIGNATURE:

Elizabeth Santana

2/14/97

DATE

305-8952288

DAYTIME PHONE #