

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90124 008 ***150.00

DOCUMENT # P96000093417

1. Corporation Name

AIRWORTHINESS WORLDWIDE, INC.

Principal Place of Business

430 NE 113TH ST
MIAMI FL 33161

Mailing Address

P O BOX 162312
ALTAMONTE SPRINGS FL 32716-312
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1996

4. FEI Number

65-0657801

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1211 Hayes St.

Suite, Apt. #, etc.

22

City & State

23 Hollywood, FL

Zip

24 33019

Country

25 USA

26

City & State

27

Zip

28

Country

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City & State

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Zip

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Country

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City & State

33

Zip

34

Country

35

City & State

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City & State

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Country

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City & State

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Zip

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Country

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City & State

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Zip

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Country

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City & State

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Zip

9. Name and Address of Current Registered Agent

DE LEON, HECTOR
430 NE 113TH ST
MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name DeLeon, Hector

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

1211 Hayes St.

83

City

Hollywood

FL

85 Zip Code

33019

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

TITLE DP ☐ DELETE

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

TITLE VTS ☐ DELETE

NAME SANTANA, ELIZABETH
STREET ADDRESS 430 NE 113TH ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME DeLeon, Hector
1.3 STREET ADDRESS 1211 Hayes St.
1.4 CITY-ST-ZIP Hollywood, FL 33019

2.1 TITLE VTS ☒ Change ☐ Addition

2.2 NAME DeLeon, Elizabeth Santana
2.3 STREET ADDRESS 1211 Hayes St.
2.4 CITY-ST-ZIP Hollywood, FL 33019

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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 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

Date

Daytime Phone #

CR2E034 (11/98)