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FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT



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

1998

DOCUMENT # P97000047382

1. Corporation Name

Nortek Aviation Support, Inc.

Principal Place of Business

7500 NW 26th Street
Miami, FL 33122

Mailing Address

2665 South Bayshore Drive
8th Floor
Miami, FL 33133

2. Principal Place of Business

1. State, Apt. #, etc.

2. City & State

3. Zip Country

4. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

3. Date Incorporated or Qualified
05/29/97

3a. Date of Last Report

4. FEI Number
65-0755869

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

Peter W. Klein
2665 South Bayshore Drive
8th Floor
Miami, FL 33133

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

100002544901

-06/02/98--01022-043 Zip Code

***150.00

FL 33133

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 of Registered Agent or the Corporation)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE COB/D
NAME Earl W. Powell
STREET ADDRESS 2665 South Bayshore Drive, 8th Fl
CITY-STATE-ZIP Miami, FL

TITLE CEO/D/P
NAME J. Rafael Montalvo, III
STREET ADDRESS 7500 NW 26 Street
CITY-STATE-ZIP Miami, FL

TITLE S
NAME Peter W. Klein
STREET ADDRESS 2665 S. Bayshore Drive, 8th Fl
CITY-STATE-ZIP Miami, FL 33133

TITLE CFO / VP
NAME Richard L. Dunn
STREET ADDRESS 7500 NW 26 Street
CITY-STATE-ZIP Miami, FL

TITLE VP/D/T
NAME Eduardo Montalvo
STREET ADDRESS 7500 NW 26 Street
CITY-STATE-ZIP Miami, FL

TITLE AS
NAME Marilyn D. Kuffner
STREET ADDRESS 2665 S. Bayshore Drive, 8th Fl
CITY-STATE-ZIP Miami, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE VP/D
NAME Derek A. McDowell
STREET ADDRESS 2665 South Bayshore Drive, 8th Fl
CITY-STATE-ZIP Miami, FL 33133

21. TITLE D
NAME Phillip T. George, M.D.
STREET ADDRESS 2665 South Bayshore Drive, 8th Fl
CITY-STATE-ZIP Miami, FL

31. TITLE Cesar L. Alvarez, Esq.
NAME Cesar L. Alvarez, Esq.
STREET ADDRESS 2665 S. Bayshore Drive, 8th Fl
CITY-STATE-ZIP Miami, FL

41. TITLE D
NAME Luis Oscar Quevedo
STREET ADDRESS 2525 NW 82 Avenue
CITY-STATE-ZIP Miami, FL

51. TITLE D
NAME Noel Aguilera
STREET ADDRESS 2525 NW 82 Avenue
CITY-STATE-ZIP Miami, FL

61. TITLE J. Rafael Montalvo
NAME J. Rafael Montalvo
STREET ADDRESS 7500 NW 26 Street
CITY-STATE-ZIP Miami, FL

14. I declare that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 of this filing or in an attachment with an address.

CR2E034 (9/96)