

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 16, 1999 8:00 am  
Secretary of State

03-16-1999 90025 025 \*\*\*150.00

DOCUMENT # P97000059472

1. Corporation Name

SOUTHERN INTERNATIONAL AVIATION SERVICES, INC.

Principal Place of Business

2500 NW 79 AVE  
SUITE 210  
MIAMI FL 33122  
US

Mailing Address

2500 NW 79 AVE  
210  
MIAMI FL 33122  
US

2. Principal Place of Business

21 7825 NW 29<sup>TH</sup> ST

Suite, Apt. #, etc.

22 SUITE 129

City & State

23 miami, Florida

Zip

24 33122

Country

25 USA

2a. Mailing Address

26 7825 NW 29<sup>TH</sup> ST.

Suite, Apt. #, etc.

27 SUITE 129

City & State

28 miami

Zip

29 Florida

Country

30 USA

9. Name and Address of Current Registered Agent

MURTY, STEPHEN G  
777 BRICKELL AVE STE 1114  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1997

4. FEI Number

65-0769088

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

FRANK ALGECIRAS

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

7825 NW 29<sup>TH</sup> ST

83

SUITE 129

84 City

miami

FL

85 Zip Code

33122

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

*Frank Algeciras* President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ALGECIRAS, FRANK  
STREET ADDRESS 8815 SW 96 STREET  
CITY-ST-ZIP MIAMI FL 33176

TITLE SD ☒ DELETE

NAME MURTY, STEPHEN G  
STREET ADDRESS 777 BRICKELL AVE STE 1114  
CITY-ST-ZIP MIAMI FL 33131

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 ☐ Change ☒ Addition

1.2 NAME V - CHRISTINA ALGECIRAS  
1.3 STREET ADDRESS 7825 NW 29<sup>TH</sup> SUITE 129  
1.4 CITY-ST-ZIP miami, Florida 33122

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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:

*Frank Algeciras* President 2/11/99 305-463-0799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)