## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 31 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000084721 (4)

**BOLIVIAN AIR TRANSPORT, INC.** 

Dringing Bloc	ce of Business	Mailing Address	<del></del>	{
		•		
668 NORTHWEST 124TH COURT		SSS NORTHWEST 124TH COURT MAMM FL 83182 3215 S.W. 75 CT.		
6535 NW. 18 ST.				DO NOT WRITE IN THIS SPACE
	i Fl. 33/52	MIAMI, FL.	33165	3. Date Incorporated or Qualified
MAM	1 FL. 57/12	1112131		10/01/1997
	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		(er-0) 84800 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired   \$8.75 Additional
22 City & Stat	10	City & State		Fee Required
	ie.	<del>}</del> 7 '		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	<b>28</b>	Country	Trust Fund Contribution
24	25	<u></u>	[6]	Personal Property Tax due June 30. Des No
	9. Name and Address of Curren			10. Name and Address of New Registered Agent
AMERILAWYER CHARTERED 81 Name				
1 -049 ALMERIA AVENUE			82 Street Add	trace (D.O. Day Niverton in Net Accountable)
OGRAL CABLES FL 33134			82 Street Add	Iress (P.O. Box Number is Not Acceptable)
6535 N.W. 18 ST			83	
11				
M	iAmii, FL. 331.	12	84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpose of changing its registered
	registered agent, or both, in the State am familiar with, and accept the obliga			ition's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	of and title if applicable (NOTE:	Registered Agent signature requi	ited when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	Change Addition
NAME	KOERNING, BRUCE		1.2 NAME	
STREET ADDRESS	-6445 NW 25TH STREET 65	2 N.M. 18 21.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33152		1.4 CITY-ST-ZIP	
TITLE	is ?	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RNEZ, LUIS A		2.2 NAME	
STREET ADDRESS	644354W 25TH-STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	1444MI PL 33152		2. 4 CITY - ST - ZIP	
TITLE	T	DELETE	3.1 TITLE	Change Addition
NAME	JIMENEZ, ROGER	1201 10 ST	3.2 NAME	
STREET ADDRESS	JIMENEZ, ROGER - 6445 NW 25TH STREET 64	71 M.M. 18 21.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33152		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	Change Addition
NAME	SERRATE, ODIN B	July 10 500	4. 2 NAME	
STREET ADDRESS	-8445 NW 25TH STREET 643	BJN.W. 1857.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33152		4.4 CITY - ST - ZIP	
TITLE	-04	<b>Z</b> L DELETE	5.1 TITLE	Change Addition
NAME	SERRATE ODIN B		5.2 NAME	ļ
STREET ADDRESS	668 NORTRHWEST 124IH CO	URT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MHAMI FL 33182		5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	
14. I hereby	certify that the information supplied wi	th 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 of 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 attrichment with an address.				
Block 12 or Block 13 if changos or on an all ichmon with an address.				

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