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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000104551 (1)

STERLING AVIATION, INC.

Principal Place of Business

Mailing Address

FILED May 11 1998 8:00am Secretary of State



4700 DAVIS ROAD 4700 DAVIS ROAD CORAL GABLES FL 33143 CORAL GABLES FL 33143							
001012 010000 12 00110					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualified		
					12/11/1997		
2. Principal Place of Business 2a. Mailing Address				•	4. FEI Number	Ar	pplied For
21 1200 Brickell Ave 26 1200 Brick			سي	Ave	65-0804480	No	ot Applicable
Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.					5. Certificate of Status Desired	*	Additional equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
710-	amy, 7 Country	28 Many	Country		Trust Fund Contribution	Added	to Fees
24°33	181 25 05	29 33131 3	¬		This corporation owes or has paid the Personal Property Tax due June 30.	☐ Yes [tangible No
9, Name and Address of Current Registered Agent 10, Name and Addre						d Agent	
	RMAN WOLFE & RENNERT, P.A.		61	Name			
ATTN: CHARLES J. RENNERT				Street A	ddress (P.O. Box Number is Not Acceptable)		
100 SE 2ND ST., 35TH FLOOR							
ML	AMI FL 33131-2130		83				
			84	City	F	85 Zip (Code
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 again, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		3S JN 12
TITLE	Vice Priesdery /T/		1.1 TITLE			☐ Change	Addition
NAME	Mr. Stephen H. F	3, tel	1.2 NAME			_ •	
STREET ADDRESS	1200 Brickell Aven	we Sente 1500	13 STREET	ADDRESS			1
CITY-ST-ZIP	miami, FL 3		1.4 CITY-5		•		
TITLE	President / Secre		21 TITLE	31-211		☐ Change	Addition
NAME	Dr. Stephen Descre		22 NAME				
STREET ADDRESS	Dr. Stephen Ditory 5835 Blue Sagoon	Orive HINFloor	2.3 STREET	ADDOCCC			
	Miani, FL	33126		1			
CITY-ST-ZIP TITLE			2 4 CITY- 31 TITLE	S1 - ZIP		Change	Addition
		□ otter				C'I CIMING	L Marian
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREET				
CITY-ST-ZIP		LIBRUETE	3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CITY - S	T-ZIP			
TITLE		DELETE	5.1 TITLE	ì		☐ Change	Addition
NAME			5.2 NAME				f
STREET ADDRESS			5.3 STRÉET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	T - 21P			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				-
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S				
	edify that the information supplied with	this filing does not qualify for the			in Section 110 07/3Vi) Florida Statutos I further	portify that the	Information

indicated on this annual report or suppliemental 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.

CICMATUDE.

Stephen I Both / MOTO

4/29/98 300 (03-0787