## 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

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90044 005 \*\*\*150.00

## DOCUMENT # P98000017225

1. Corporation Name

Zip

24

HARS & M AVIATION, INC.

Principal Place of Business	Mailing Address			
5817 N.W. 37TH ST MIAMI FL 33166	5817 N.W. 37TH ST MIAMI FL 33166			
District Discourse Consistence	2a. Mailing Address			
· ·	26			
. ·	— ĭ			
2. Principal Place of Business Suite, Apt. #, etc. City & State	26 Suite, Apt. #, etc.			

9. Name and Address of Current Registered Agent

29

Country

25

MATA-SOL, HECTOR

02/23/1998 FEI Number

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

	DO NOT WRITE	ΙN	THIS	SPACE
3.	Date Incorporated or Qualifed			

Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

₹Ño

MIAMI FL 33166    83	5817 N.W. 371H ST		1		•	•		
The 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 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  12.	MIAN	41 FL 33166	83					
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 agent. or both, in the State of Florida. Such change was authorized by the corporation's board of directors. It hereby accept the appointment as registered agent. It am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DELETE STREET ADDRESS AND ADDRESS AD			0.4	City			95 7in	Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I harreby accept the appointment as registered agent, an affamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes    Signature			64	City		FL	21	0000
12.	office or re	egistered agent, or both, in the State of Florida, Such change was auth	iorized by	the co	ed corporation submits this star proprection's board of directors	atement for the purpose of c . I hereby accept the appoin	hanging it tment as r	s registered egistered
12.	SIGNATURE	Standard hand or minted name of registered event and title if prolinging	nistered Ane	nt signatu	ire required when reinstating)	DATE		
TITLE			<u> </u>	Λ		ANGES TO OFFICERS AND	DIRECT	ORS IN 12
MAIN	~ -	D DELETE	1.1 TITLE	Pre	A MATA-	SOL HETTIN	Change	Addition
TITLE	NAME	MATA-SOL. HECTOR	1.2 NAME	ويفيك			•	
TITLE	STREET ADDRESS	•	1.3 STREE	TADDRE	\$ 5817 N	W 3/31	_	Į
TITLE		MIAMI FL 33166	1.4 CITY-5	T-ZIP	MIAMI	FC 3316	6	
STREET ADDRESS   23 STREET ADDRESS   274 GTY-ST-ZIP			2.1 TITLE				☐ Change	☐ Addition
CITY-ST-ZIP	NAME		2.2 NAME					
DELETE   3.1 TITLE   3.2 NAME   3.2 NAME   3.3 STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.5 STREET ADDRESS   3.5 STREET ADDR	STREET ADDRESS		2.3 STREE	T ADDRE	ss		•	
NAME	CITY-ST-ZIP		<del>-2</del> -4 GHY-	ST-ZIP.	_	<u> </u>		
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	TITLE	DELETE	3.1 TITLE		o)		Change	☐ Addition
STREET ADDRESS   STRE	NAME		3.2 NAME					
DELETE	STREET ADDRESS		3.3 STREE	TADDRE	ss			J
NAME	CITY-ST-ZIP		3.4. CITY-	ST-ZIP		<u></u>		
A3 STREET ADDRESS   A3 STREET ADDRESS   A4 CITY-ST-ZIP   A4 CITY-ST-ZIP   A4 CITY-ST-ZIP   Change   Addition	TITLE	☐ DELETE	4,1 TITLE		İ		Change	☐ Addition
Addition   City-St-Zip   Addition   Change   City-St-Zip   City-St-Zip   City-St-Zip   Change   Addition   Change   Addition   Change   Addition   Change   City-St-Zip	NAME		4, 2 NAME					
DELETE	STREET ADDRESS		4.3 STREE	T ADDRE	SS			
NAME  NAME  \$52 NAME  \$53 STREET ADDRESS  \$53 STREET ADDRESS  \$54 CITY-ST-ZIP  \$54 CITY-ST-ZIP  \$54 CITY-ST-ZIP  \$55 NAME  \$57 NAME  \$55	CITY-ST-ZIP		4.4 CITY-5	ST-ZIP		<u></u>		
STREET ADDRESS   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP	TITLE	☐ DELETE					∐ Change	Addition
STREET ADDRESS	NAME							ſ
### DELETE   DELETE   6.1 TITLE   Change   Addition	STREET ADDRESS		1		SS			ļ
NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP	CITY-ST-ZIP			ST- ZIP		. <del> </del>		55.7
STREET ADDRESS  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP	TITLE	☐ DELETE	1				Change	Addition
CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME							
CHY-S1-ZIP	STREET ADDRESS				SS			
								1-6

Country

81 Name

30

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 trusted 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 attaghment with an address, with all other like empowered.

CR2E034 (11/98)