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Apr 30, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000019369

1. Corporation Name
CONFIDENCE AVIATION, INC.

Principal Place of Business

20102 NW 62 AVE
MIAMI FL 33015

Mailing Address

20102 NW 62 AVE
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1998

4. FEI Number

65-0840079

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **7605 NW 50 St.**

Suite, Apt. #, etc.

22

City & State

23 **MIAMI, FL**

Zip

24 **33164**

Country

25 **USA**

2a. Mailing Address

26 **7605 NW 50 St.**

Suite, Apt. #, etc.

27

City & State

28 **MIAMI, FL**

Zip

29 **33164**

Country

30 **USA**

9. Name and Address of Current Registered Agent

HERNANDEZ, ALEXIS R
20102 NW 62 AVE
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **HERNANDEZ, ALEXIS R**
STREET ADDRESS **20102 NW 62 AVE**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **D** ☒ DELETE
NAME **PERRERA, ROBERTO**
STREET ADDRESS **20102 NW 62 AVE**
CITY-ST-ZIP **MIAMI FL 33015**

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 **President** ☒ Change ☐ Addition
1.2 NAME **Hernandez, Alexis R**
1.3 STREET ADDRESS **7605 NW 50 St.**
1.4 CITY-ST-ZIP **Medley, FL 33166**

2.1 TITLE **President** ☒ Change ☐ Addition
2.2 NAME **Perera, Roberto**
2.3 STREET ADDRESS **7605 NW 50 St.**
2.4 CITY-ST-ZIP **Medley, FL 33166**

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:

Alexis R Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99 305 392-6291
Date Daytime Phone #

CR2E034 (11/98)