

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

**DOCUMENT # P98000043228**

1. Corporation Name

**GMG AEROSPACE SUPPORT CORP.**

Principal Place of Business  
**10865 S.W. 40TH TERRACE  
MIAMI FL 33165**

Mailing Address  
**10865 S.W. 40TH TERRACE  
MIAMI FL 33165**

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90009 031 \*\*\*\*\*8.75

03-17-1999 90009 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/13/1998**

4. FEI Number

**65-0834614**

☒ 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 4680 SW 154 AVENUE**

2a. Mailing Address

**26 4680 SW 154 AVENUE**

Suite, Apt #, etc

**22 N/A**

Suite, Apt #, etc.

**27 N/A**

City & State

**23 MIAMI, FL**

City & State

**28 MIAMI, FL**

Zip

**24 33185**

Country

**25 U.S.A**

Zip

**29 33185**

Country

**30 U.S.A**

9. Name and Address of Current Registered Agent

**MALAGON, MICHAEL  
10865 S.W. 40TH TERRACE  
MIAMI FL 33165**

10. Name and Address of New Registered Agent

81 Name

**MALAGON, MICHAEL**

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

**4680 S.W. 154 AVENUE**

83

84 City

**MIAMI**

**FL**

85 Zip Code

**33185**

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

**02/25/99**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **MALAGON, MICHAEL**  
STREET ADDRESS **10865 S.W. 40TH TERRACE**  
CITY-ST-ZIP **MIAMI FL 33165**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
12 NAME **MALAGON, FRANCIS**  
13 STREET ADDRESS **4680 S.W. 154 AVENUE**  
14 CITY-ST-ZIP **MIAMI, FL 33185**

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/25/99 305-228-6883**

Date

Daytime Phone #

CR2E034 (1/98)