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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000061766**

1. Corporation Name
GUZMAN MARSHALL AVIATION, INC.

Principal Place of Business	Mailing Address
5748 PINE TREE DRIVE MIAMI BEACH FL 33140 1020 NW 62nd St. Hgr 16 Ft. Lauderdale, Fl 33309	5748 PINE TREE DRIVE MIAMI BEACH FL 33140 1020 NW 62nd St. Hgr 16 Ft. Lauderdale, Fl. 33309

DO NOT WRITE IN THIS SPACE

	Principal Place of Business	Mailing Address
2.	Principal Place of Business	2a. Mailing Address
21 / 26	1020 NW 62nd St.	1020 NW 62nd St.
Suite, Apt. #, etc. 22 / 27	Hgr 16	Hgr 16
City & State 23 / 28	Ft. Lauderdale, Fl.	Ft. Lauderdale, Fl
Zip / Country 24 / 25 / 29 / 30	33309 / USA	33309 / USA.

3. Date Incorporated or Qualified: 07/13/1998
4. FEI Number: 65-0849220 ☐ 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

9. Name and Address of Current Registered Agent

JOFFE, EDWARD
5200 BLUE LAGOON DRIVE SUITE 600
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: NANCY MARSHALL / VICTOR GUZMAN
82 Street Address (P.O. Box Number is Not Acceptable): 1020 NW 62nd St.
83: Hgr 16
84 City: Ft. Lauderdale FL 85 Zip Code: 33309

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: NMarshall NANCY MARSHALL April 20/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GUZMAN, VICTOR		1.2 NAME		
STREET ADDRESS	5748 PINE TREE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARSHALL, NANCY		2.2 NAME		
STREET ADDRESS	5748 PINE TREE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			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-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 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 attached with an address, with all other like empowered.

SIGNATURE: VICTOR L GUZMAN 4-23-99 954-202-6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)