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

**PROFIT** CORPORATION ANNUÁL REPORT

1999



DOCUMENT # P98000068437

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90003 024 \*\*\*158.75

STREAMLINE AVIATION, INC.											
Principal Place of Business . Mailing Address										+ 188 (tité rés: tes:	
			7325 WEST 2ND CT. HIALEAH FL 33014				DO NOT WRITE IN THIS SPACE				
Section 1							3. Date Incorporated or Qualifed 08/03/1998				
			2a. Mailing Address				4. FEI Number		-T	Applied For	
21	•	26					65-0856034			Not Applicable	
Suite, Apt.	#, etc.	27	uite, Apt. #, etc.					¥C		Additional Required	
City & State	B		ity & State				Election Campaign Financing     Trust Fund Contribution			May Be	
<b>23</b> Zip				Country			8. This corporation owes the current	nt vear Inta		4 10 1 000	
	25	29	30	_	,		Personal Property Tax.		Yes	ŒNo	
24 25 29 3 9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
·	S. Halle and Addition S. Sales			8	1 Nam	6					
VAZQUEZ, MARILYN				L				1-1	<u>'</u> .		
11001 SW 142ND AVENUE				8:	2 Stree	et Addre	ess (P.O. Box Number is Not Acceptable)				
MIAMI FL 33186				8:	3		-			·	
									<del></del> -		
	• •			84			<u> </u>	FL		ip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607, e of Florida, pations of, S	1508, Florida Statutes Such change was auth ection 607.0505, Florid	, the abor norized by a Statute	ve-name y the co s.	ed corpo rporation	ration submits this statement for the p n's board of directors. I hereby accept	urpose of o the appoin	:hanging itment as	its registered registered	
SIGNATURE			AVOTE D				ush on existating)	DATE		,	
					gistered Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	PD .	MD DINCO	DELETE	1.1 TITLE			7.5511101103011111000110		☐ Chang		
NAME	APARICIO. MELKYS		1.2 NAME	NAME					ļ		
STREET ADDRESS	7325 W 2ND COURT				ET ADDRES	ss					
CITY-ST-ZIP	HIALEAH FL 33014			1.4 C(TY-							
TITLE	(10 100 0 1 1 2 000 1 1		☐ DELETE	2.1 TITLE					☐ Chang	je 🔲 Addition	
NAME	,			2.2 NAME	i						
STREET ADDRESS				2.3 STRE	ET ADDRES	ss				1	
CITY-ST-ZIP				2. 4 CITY							
O111-01-41	·		C) DELETE	0.4.707.5		<del>                                     </del>			Chann	Addition	

□ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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:

<del>\TU</del>RE REQUIRED