## 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 # P98000098465

**GUARDIAN AEROSPACE CORP.** 

## **FILED** Mar 09, 1999 8:00 am Secretary of State 03-09-1999 90107 009 \*\*\*150.00

Principal Place of Business Mailing Address						18 18181 1811 8181	81181 6111 1881
4225 SOUTHWEST 133RD COURT 4225 SOUTHWEST 133RD C			OURT				
MIAMI FL 33175 MIAMI FL 33175					DO NOT WRITE IN TH	UE EDACE	
					DO NOT WRITE IN TH  3. Date Incorporated or Qualifed	IS SPACE	
							Ì
		Mailing Address			11/23/1998 4. FEI Number		plied For
_	lace of Business	2a. Mailing Address			65-0878664	<del>                                      </del>	t Applicable
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.					03-00 1000 1	\$8.75	· · · · · · · · · · · · · · · · · · ·
<u>├</u>				5. Certificate of Status Desired Fee Re			
City & State		City & State			a Startion Compaign Financing	\$5.00	
						Added to	
Zip	Country	Zip	Countr	v	8. This corporation owes the current year		
— ·	25	<u> </u>	30	,	Personal Property Tax.	∏ Yes	<b>⊠</b> No
24	g. Name and Address of Current	_ 1731	30		10. Name and Address of New Registere		_
	3. Name and Address of Carren	, rogiotal tale is	8	سم Name	• • • • • • • • • • • • • • • • • • • •		
AMERILAWYER				F	RANCISCO VERDECII	<del>1</del>	
343 ALMERIA AVENUE				Street Addr	ress (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134				3 1122			
				9225	SOUTHWEST 1330 CT		
			84	City AA	Hari F	L 85 Zip C	Code
AA Directoral	to the provisions of Continue 607 0500	2 and 607 1508 Elorida Statutor	e the above	re-named com	oration submits this statement for the purpose		
l office or n	egistered agent, or both, in the State o	of Florida. Such change was aut	thorized b	/ the corporation	on's board of directors. I hereby accept the app	ointrovent as req	gistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statute	s.	. / >	1101	99
SIGNATURE	X	FRANCE	21400	UERDE ent signature require	d when reinstation) DATE	<i>/////</i>	
40	Signature, typed or printed name of registered agen OFFICERS AN	DIRECTORS	13.	ent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	PTD	□ DELETE	1.1 TITLE		ADDITIONS/GITANOED TO GITTOENS	☐ Change	Addition
NAME	VERDECIA, FRANCISCO	<u></u>	1.2 NAME				
	ARCH COLUMN COT ACCORD COLUMN			ET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33175	☐ DELETE	1.4 CITY- 2.1 TITLE			Change	Addition
TITLE	040					0	
NAME	VERDECIA, NORA B		2.2 NAME				
STREET ADDRESS 4225 SOUTHWEST 133RD COURT				ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175		2. 4 CITY-			Change	Addition
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STREET ADDRESS				ET ADDRESS			l
CITY-ST-ZIP		□ DELETE	3 4. CITY-			☐ Change	Addition
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NAME			4. 2 NAM				}
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		□ DELETE	4.4 CITY-			Change	Addition
TITLE		☐ DELETE	5.1 TITLE				
NAME			5.2 NAME				
STREET ADDRESS				ET ADDRESS			-
CITY-ST-ZIP			5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STRE	ET ADDRESS			

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: 🛨