

08181999-90008-037-\$550.00-\$550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000098812 1. Corporation Name: AMERICAN AIRSPARES SERVICES, INC.			
Principal Place of Business 4955 NW 199TH ST. #380 CAROL CITY FL 33065		Mailing Address 4955 NW 199TH ST. #380 CAROL CITY FL 33065	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date incorporated or Qualified 11/24/1998		4. FEI Number 65-09000863	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owns the current year's Intangible Personal Property. ☐ Yes ☒ No		8. Name and Address of Current Registered Agent PERALTA, ANA 4955 NW 199TH ST. #380 CAROL CITY FL 33065	
9. Name and Address of New Registered Agent		10. Name and Address of New Registered Agent	
11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 607.0503, Florida Statutes.			
SIGNATURE: _____ DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: PERALTA, ANA STREET ADDRESS: 4955 NW 199TH ST. CITY-STATE-ZIP: CAROL CITY FL 33065		1.1 TITLE: _____ 1.2 NAME: _____ 1.3 STREET ADDRESS: _____ 1.4 CITY-STATE-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____		2.1 TITLE: _____ 2.2 NAME: _____ 2.3 STREET ADDRESS: _____ 2.4 CITY-STATE-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____		3.1 TITLE: _____ 3.2 NAME: _____ 3.3 STREET ADDRESS: _____ 3.4 CITY-STATE-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____		4.1 TITLE: _____ 4.2 NAME: _____ 4.3 STREET ADDRESS: _____ 4.4 CITY-STATE-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____		5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY-STATE-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____		6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-STATE-ZIP: _____	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), 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 exhibit.			
SIGNATURE: <u>ANA PERALTA</u> SIGNATURE REQUIRED <u>9/14/99</u> 305-362-2070			

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DO NOT WRITE IN THIS SPACE

CP25034 (5/99)

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