## 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 # P98000099694

POWER TECH AVIATION, INC.

Principal Place of Business . Mailing Address			I (BAI(BDI \$100 1810) 10151 00411 00511 (	iking dånnå rånsk sasta æsts	# 1#11( #1#1 1#6)	
417 NW 82 AVE 5417 NW 82 AVE MIAMI FL 33166 MIAMI FL 33166						
				DO NOT WRITE IN THIS SPACE		
					IN THIS SPACE	
				3. Date Incorporated or Qualifed		}
	la Marking Adda			12/01/1998 4. FEI Number		Applied For
2. Principal Place of Business	2a. Mailing Address			65-0878754	<u> </u>	Not Applicable
21	Suite, Apt. #, etc.			23 0 8 . 2 . 2		Additional
Suite, Apt. #, etc.	27			5. Certifcate of Status Desired	7	Required
22 City & State	City & State	-	4	6. Election Campaign Financing	_ \$5.0	0 May Be
23	28			Trust Fund Contribution	1 1	d to Fees
Zip Country	Zip	Countr	у	8. This corporation owes the curre-	nt year Intangible	
24 25	29	30		Personal Property Tax.	Yes	□No
9. Name and Address of Cu	irrent Registered Agent			10. Name and Address of New Re	gistered Agent	
	• • • • • • • • • • • • • • • • • • • •	81	1 Name			]
LINDNER, GILMAR		82	2 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
5417 NW 82 AVE	<b>v</b>	"	ou cot not	Jess (F.O. Esk Hamser is Net Interp		
MIAMI FL 33166		83	3			
		84	4 Cit.		85 Zi	ip Code
			'		FL.	`
11. Pursuant to the provisions of Sections 607 office or registered seent, or both, in the S	itate of Florida. Such change was au	tnorizea di	v ine corporai	poration submits this statement for the p tion's board of directors. I hereby accept	urpose of changing the appointment as	its registered registered
agent. I am familiar with, and accept the of	bligations of, Section 607.0505, Florid	da Statute	S.	,		
SIGNATURE Signature, typed or printed name of registere	nd agent and title if applicable. (NOTE: F	Registered Age	ent signature requir	red when reinstating)	DATE	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	TORS IN 12
ппи РО	☐ DELETE	1.1 TITLE			☐ Chang	ge Addition
NAME LINDNER, GILMAR		1.2 NAME				
STREET ADDRESS 148 S MELROSE DR		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP MIAMI SPRINGS FL 33166		1.4 CITY-	ST-ZIP			
TITLE STD	☐ DELETE	2.1 TITLE			Chang	ge Addition
NAME BRANCO, JOSE M		2.2 NAME				
STREET ADDRESS 5666 LAKE OSBORNE DR		2.3 STRE	ET ADDRESS			.
CITY-ST-ZIP LAKE WORTH FL 33461		2.4 CITY-	·ST-ZIP	·		
TITLE .	DELETE	3.1 TITLE			☐ Chang	ge
NAME	• • • •	3.2 NAME				
STREET ADDRESS		3.3 STRE	ET ADDRESS			j
CITY-ST-ZIP		3.4. CITY-	-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE			Chang	ge 🗌 Addition
NAME		4. 2 NAM	E			}
STREET ADDRESS		4.3 STRE	ET ADORESS			j
CITY-ST-ZIP		4.4 CITY-	ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		_	☐ Chang	ge 🗌 Addition
NAME		5.2 NAME		•		İ
STREET ADDRESS		5.3 STRE	ET ADDRESS			1
CITY-ST-ZIP		5.4 CITY-				
TITLE	☐ DELETE	6.1 TITLE			Chang	ge Addition
NAME	•	6.2 NAME		<del>-</del>		
STREET ADDRESS		6.3 STRE	ET ADDRESS			<u> </u>
*	• • • • •	64 CITY	OT 710	•		

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 a attachment with an address, with all other like empowered.

SIGNATURE

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90254 039 \*\*\*150.00