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

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

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**PROFIT** CORPORATION ANNUAL REPORT 2000



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P99000050950

1. Corporation Name

PROFESSIONAL AIRCRAFT SUPPORT, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

8527 S.W. 109 AVENUE MIAMI, FL 33173

Country

33173

9. Name and Address of Current Registered Agent

25

LILIANA SOTO-VASQUEZ

8527 S.W. 109 AVENUE

**FILED** May 16, 2000 8:00 am Secretary of State

05-16-2000 90013 026 \*\*\*150.00

	DO NOT WRI	TE IN THIS	SPACE	
3.	Date Incorporated or Qualifed 06/07/1999			
4.	FEI Number			Applied For
	65-0926885			Not Applicable
5.	Certifcate 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 curre Personal Property Tax.	ent year Int	langible	X No
10.	Name and Address of New R	legistered	Agent	

10. Name a

Street Address (P.O. Box Number is Not Acceptable)

84 Zip Code City 85 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.

Country

81

83

Name

30

SIGNATURE SI	Ignature, typed or printed name of registered agent and title if applicable. (NOTE	: Registered Agent signature require		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 12
TILE	D/P/S/T DELETE	1,1 TITLE	☐ Chan	ge 🗌 Addition
IAME	LILIANA SOTO-VASQUEZ	1.2 NAME		•
STREET ADDRESS	8527 S.W. 109 AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173	14 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE	Chan	ge 🔲 Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	Chang	ge 🗌 Additio
AME		3.2 NAME		
STREET ADDRESS	•	3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
rmle	☐ DELETE	4.1 TITLE	☐ Chan	ge 🗌 Additio
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
mue	☐ DELETE	5.1 TITLE	☐ Chang	je 🗌 Additio
AME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
MILE	☐ DELETE	6.1 TITLE	Chang	e 🗀 Additio
NAME		6.2 NAME		
STREET ADORESS		6.3 STREET ADDRESS		
1		64 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 attachment with an address, with all other like empowered.

/ Liliana Soto-Vasquez

274-9600