

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

FILED

Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S46927** (7)

1. Corporation Name
AVIATION FLIGHT CONTROL SERVICES, INC.

Principal Place of Business

% IRWIN M. FROST, P.A.
1101 BRICKELL AVE. SUITE 1400
MIAMI FL 33131

Mailing Address

% IRWIN M. FROST, P.A.
1101 BRICKELL AVE. SUITE 1400
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1991

4. FEI Number

65-0264367

Applied For

Not Applicable

5. Certificate 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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 9955 N.W. 88th Avenue
Suite, Apt. #, etc.

2a. Mailing Address

26 200 So. Biscayne Blvd.
Suite, Apt. #, etc.

22 City & State

23 Miami, FL

24 Zip Country

25

27 4750
City & State

28 Miami, FL

29 Zip Country

30 33131 USA

9. Name and Address of Current Registered Agent

FROST, IRWIN M.

1010 BRICKELL AVE. FIRST UNION FINANCIAL CENTER
STE 1400 STE 4750, 200 So. Biscayne Blvd.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/98

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME ZAMORA, CESAR
STREET ADDRESS 9955 NW 88TH AVE.
CITY-ST-ZIP MEDLEY FL

TITLE D ☐ DELETE
NAME PERUYERO, ORLANDO
STREET ADDRESS 9955 NW 88TH AVE.
CITY-ST-ZIP MEDLEY FL

TITLE D ☐ DELETE
NAME MARRERO, VICTOR
STREET ADDRESS 9955 NW 88TH AVE.
CITY-ST-ZIP MEDLEY FL

TITLE D ☐ DELETE
NAME PEREZ, JULIO A.
STREET ADDRESS 9955 NW 88TH AVE.
CITY-ST-ZIP MEDLEY FL

TITLE D ☐ DELETE
NAME GONZALEZ, WILFREDO
STREET ADDRESS 9955 NW 88TH AVE.
CITY-ST-ZIP MEDLEY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

REQUIRED

1/29/98 305-883-4891

CR2E034 (10/97)