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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| 1. Corporati | IMENT # S5064 SION GILDE AEROGROUP. | | | | | |
|--|--|---|--|--|--|---|
| Principal Place of Business TAMIAMI AIRPORT MIAMI FL 33186 US | | Malling Address 534 NE 8TH AVENUE FT. LAUDERDALE FL 33 US | 3301-1214 | T INCOMPLE COL DIAN ENTIL DIAN BUTH BUTH BUTH DINN DINN DINN SIBIN BUTH | | |
| | | | | Date Incorporated or Qualified 05/08/1991 | 3a. Date of L 02/08/19 | |
| · | Place of Business | 2a. Mailing Address | | 4. FEI Number | | Applied For |
| Suite Apr | t # sto | Suite, Apt. #, etc. | | 65-0262319 | | Not Applicable |
| 22 | Circusto | 27 Suile, Apt. #, etc. | | 5. Certificate of Status Desired | | 75 Additional ee Required |
| City & Sta | alc | City & State | ************************************** | Election Campaign Financing Trust Fund Contribution | \$5 | .00 May Be |
| Zip | Country | Zip | Country | 8. This corporation has liability for | _= | |
| 24 | 25 | 29 | 30 | Florida Statutes | Yes No | |
| | Name and Address of Curr LULAND, CHRISTINA L | ent Registered Agent | 81 Name | 10. Name and Address of New Re | gistered Agent | |
| office or | C. Janes | Way On | HIC MHC | poration submits this statement for the pation's board of directors. I hereby acception when reinstating | FL 85 purpose of changot the appointme | Zip Code ging its registered int as registered - 13-97 |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | ERS AND DIREC | |
| TITLE | D | DELETE | 1.1 T/TLE | | Ch | ange 🔲 Addition |
| NAME | GILLILAND, BRENT R. | | 1.2 NAME | | | |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-7IP | FT. LAUDERDALE FL | ☐ DELETE | 1.4 C/TY - ST - ZIP 2.1 TITLE | | Ch | ange Addition |
| N4ME | GILLILAND, CHRISTINA | percie | 2.2 NAME | | VII | |
| STREET ADDRESS | AND ASSESSMENT | | 2.3 STREET ADDRESS | | | ŀ |
| CITY - ST - ZIP | FT. LAUDERDALE FL | | 2. 4 CITY - ST - ZIP | | | |
| MILE | | DELETE | 3.1 TITLE | | Ch | ange Addition |
| NAME | | | 3.2 NAME | | | , |
| STREET ADDRESS | 5 | | 3.3 STREET ADDRESS | | | į |
| CITY-ST-ZIP | | DELETE | 3.4. CITY-ST-ZIP | | ☐ Ch | ange Addition |
| TITLE NAME | | FT NETELE | 4.1 TITLE 4.2 NAME | | البا ليا | ende 🗀 vansion |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | i |
| CITY - \$1 - ZIP | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Ch | ange 🔲 Addition |
| NAME | | • | 5.2 NAME | | | · |
| STREET ADDRESS | 5 | | 5.3 STREET ADDRESS | | | į |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | |
| TILLE | | DELETE | 6.1 TIFLE | | Ch | ange Addition |

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the epoch is true and accurate and that my signature shall have the same legal effect as if made under oath, that is employered to execute this report as required by Chapter 607, Florida Statutes, and that my name

64 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

FILED

May 19 1997 8:00am

Secretary of State