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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

PERFECTION AIRCRAFT INTERIORS INC

Princ 6949 MIAM	Eli Collon Allona, Claren	LECTION AMOUNT HYLLMONG MO.						
Princ	ipal Place of Business	Mailing Address 6949 NW 82ND AVENUE MIAMI FL 33166-2768						
8949 MIAN	NW 82ND AVENUE II FL 33166							
						3. Date Incorporated or Qualified 05/20/1991		
2. P	rincipal Place of Business	2a. Mailing Address				4. FEI Number		
<u>.</u> [21]		26		65-0266485				
S 22	uite, Apt. #, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired		
23	ity & State	City & State				Election Campaign Financing Trust Fund Contribution		
Z 24	p Cauntry 25	Ζφ 29	30	untry		This corporation has liability for Florida Statutes		
*	Name and Address of C	urrent Registered Agent				10. Name and Address of New R		
21 S P2 C P2	ORTEGA, CARLOS 8925 NW 148TH STREET MIAMI FL 33016			81 82	Name Street Add	fress (P.O. Box Number is Not Accepta		

FILED Apr 24 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

02/15/1996



Yes No

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

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

MIAMI PL 33010			1		· ·							
			83									
			84	Ci	ity		85 Zip (Code				
-				<u></u>		<u>FL</u>						
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 non-ic of registered agent, and late 4 applicable (NOTE: Despistered Agent signature required when reinstaling) DATE.												
12,	OFFICERS AND DIRECTORS		3.	icili sig	ADDITIONS/CHANGES TO C		DIRECTOR	S IN 12				
TITLE	D		1 TOLE		1.00,110,10,10,10,10	TO CHO THE	Change	Addition				
NAME	ORTEGA, CARLOS	1	2 NAME									
STREET ADDRESS	8925 NW 148TH STREET	1	3 STREET	I ADDE	BESS			Ì				
CITY-ST-ZIP	MIAMI FL		4 CITY - S									
TITLE	D		1 TITLE				Change	Addition				
NAME	ORTEGA, JUDITH	2	2 NAME				_ •					
STREET ADDRESS	8925 NW 148TH STREET	2	3 STREET	1 ADDF	RESS							
CITY-ST-ZIP	MIAMI FL	2	4 CITY-	ŠT - Zif	P							
TITLE			1 TITLE				Change	Addition				
NAME		3	2 NAME									
STREET ADDRESS		3	3 STREET	1 ADD P	RESS							
CITY-ST-ZIP		3	4. CITY-	ST-ZIF	P							
TITLE		DELETE 4	1 THLE				Change	Addition				
NAME		4	2 NAME									
STREET ADDRESS		4	3 STREET	1 ADDR	RESS							
CITY-ST-ZIP		4	4 CITY - 9	\$1-2IP	3							
TITLE		☐ DELETE 5	17018				Change	Addition				
NAME		5	2 NAME									
STREET ADDRESS		5	3 STREET	I ADDR	RESS							
CITY-ST-ZIP		5	4 CHY-5	ST - 71P								
TITLE		DELETE 6	1 TITLE				Change	Addition				
NAME		6	2 NAME		1							
STREET ADDRESS		6	3 STREET	ADDA	RESS							
CITY-ST-ZIP			4 CHY-S									
14. I do 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 eath; 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.												