

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
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DOCUMENT # **S78015**

1. Corporation Name

HYDRAULIC AIRCRAFT SPECIALISTS, INC.

Principal Place of Business

**8034 NW 67TH STREET
MIAMI FL 33166**

Mailing Address

**8034 NW 67TH STREET
MIAMI FL 33166**

FILED
98 JUN 23 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/03/1991	
22 Suits, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		65-0290689	
24 Zip		29 Zip		5. Certificate of Status Desired ☐	
25 Country		30 Country		8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐	
				5.00 May Be Added to Fees	
				8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**RIQUELME, JOSE OMAR
17692 SW 5TH STREET
PEMBROKE PINES FL 33029**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	President ☒ Change ☐ Addition
NAME	RIQUELME, JOSE OMAR	1.2 NAME	Riquelme, Jose Omar
STREET ADDRESS	17692 SW 5TH STREET	1.3 STREET ADDRESS	15965 S.W. 6th Street
CITY-ST-ZIP	PEMBROKE PINES FL 33029	1.4 CITY-ST-ZIP	Pembroke Pines, FL 33
TITLE	DV ☐ DELETE	2.1 TITLE	Vice President ☒ Change ☐ Addition
NAME	HERNANDEZ, ANGEL	2.2 NAME	Hernandez, Angel
STREET ADDRESS	406 SW 191 TERR	2.3 STREET ADDRESS	4921 S.W. 186 Ave
CITY-ST-ZIP	PEMBROKE PINES FL 33029	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33332
TITLE	S ☒ DELETE	3.1 TITLE	Secretary ☒ Change ☐ Addition
NAME	SAAVEDRA, SARA	3.2 NAME	Riquelme, Jose Omar
STREET ADDRESS	406 SW 191 TERR.	3.3 STREET ADDRESS	15965 S.W. 6th Street
CITY-ST-ZIP	PEMBROKE PINES FL 33029	3.4 CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE	T ☒ DELETE	4.1 TITLE	Treasure ☒ Change ☐ Addition
NAME	RIQUELME, YOLANDA	4.2 NAME	Angel Hernandez
STREET ADDRESS	17692 SW 5TH STREET	4.3 STREET ADDRESS	4921 S.W. 186 Ave
CITY-ST-ZIP	PEMBROKE PINES FL 33029	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33332
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	400002915184--8
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-06/25/99--01006--021
TITLE	☐ DELETE	6.1 TITLE	****61.25 ****61.25
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.