

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 24 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S89717 (0)

1. Corporation Name

QUALITY AIRCRAFT SERVICES, INC.

Principal Place of Business

4720 NW 20TH STREET  
MIAMI FL 33126  
US

Mailing Address

PO BOX 996068  
MIAMI FL 33299-6068  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1991

3a. Date of Last Report

04/13/1994

4. FEI Number

65-0293090

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 4450 NW 20th

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Miami, Fla.

28 City & State

29 City & State

24 Zip

33126

Country

USA

29 Zip

29 Zip

Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

\*COOPER, CLARENCE

1249 NW 51 ST

MIAMI FL 33142

01 Name

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

03

04 City

FL

05 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

CD

NAME

COOPER, CLARENCE

STREET ADDRESS

1249 NW 51ST STREET

CITY - ST - ZIP

MIAMI FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

600001465326

-04/26/95--01054--017

\*\*\*\*233.75 \*\*\*\*233.75

TITLE

TD

NAME

EDDIE JACKSON

STREET ADDRESS

75 NE 195TH STREET

CITY - ST - ZIP

MIAMI FL 33169

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

YOUNG, THOMAS K.

STREET ADDRESS

4225 NW 76TH AVENUE

CITY - ST - ZIP

DAVE FL

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D/T

NAME

WRIGHT, ARTHUR

STREET ADDRESS

2400 NW 99TH STREET

CITY - ST - ZIP

MIAMI FL

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

PD

NAME

JUNIOR, ANTONIO

STREET ADDRESS

150 SE 25 ROAD, 41

CITY - ST - ZIP

MIAMI FL

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antonio Junior

1/16/95

(35)876-7386