

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

DOCUMENT # **V03630**

1. Corporation Name

STARFLIGHT AVIATION, INC.

Principal Place of Business

**999 BRICKELL AVE
1006
MIAMI FL 33131
US**

Mailing Address

**999 BRICKELL AVE
SUITE 1006
MIAMI FL 33131
US**

2. Principal Place of Business

21 999 Brickell Avenue

2a. Mailing Address

26 999 Brickell Avenue

Suite, Apt. #, etc.

22 700

Suite, Apt. #, etc.

27 700

City & State

23 Miami, Florida

City & State

28 Miami, Florida

Zip

24 33131

Country

Zip

29 33131

Country

30

9. Name and Address of Current Registered Agent

**BAIER, KIRSTEN I
999 BRICKELL AVE SUITE 1006
SUITE 1847
MIAMI FL 33131**

3. Date Incorporated or Qualified

01/02/1992

4. FEI Number

65-0304781

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83 Suite 700

84 City
Miami

FL

85 Zip Code
33131

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

TITLE **D** ☒ DELETE

NAME **MUELLER, HELMUT**
STREET ADDRESS **C/O 999 BRICKELL AVE SUITE 1006**
CITY-ST-ZIP **MIAMI FL**

TITLE **DPST** ☐ DELETE

NAME **MUELLER, HELMUT**
STREET ADDRESS **%999 BRICKELL AVE, SUITE 1006**
CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ DELETE

NAME **KIRCHDORFER, INGEBORG F.**
STREET ADDRESS **C/O 999 BRICKELL AVE SUITE 1006**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

**999 Brickell Avenue, Suite 700
Miami, Florida 33131**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**999 Brickell Avenue, Suite 700
Miami, Florida 33131**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90100 045 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)