## 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 # V19056

(3)

CONDOR AIRCRAFT, CORP.

Principal Place of Business Mailing Address 173 GLENDALE DR. 173 GLENDALE DR. MIAMI SPRINGS FL 33166-5044 MIAMI SPRINGS FL 33166 3. Date Incorporated or Qualified 3a. Date of Last Report 03/06/1992 06/06/1996 2. Principal Place of Business FEI Number Applied For 2a. Mailing Address P.O. Box 661118 Not Applicable 65-0318421 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be POINKS 23 28 Trust Fund Contribution Added to Fees Ζφ 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SINNING, DINO JOSE 1235 S.W. 94TH COURT Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33174** 63 Zip Code 85 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. Lamitamit ar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed naine of registered agent and tille if applicable (NOTE Registereo Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (96/6) OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE mut 11 TITLE SINNING, DINO JOSE 1.2 NAME NUM 1235 S.W. 94TH COURT 1.3 STREET ADDRESS STREET ACCRESS **MIAMI FL 33174** 1.4 CITY-ST-ZIP COTY-ST-ZIP DELETE Change Addition 2.1 TITLE THLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ACCIRCIS 2 4 CITY-ST-ZIP CHY-51-20 DELETE Change Addition 3.1 TITLE 32 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY - \$1 - ZIP 0:1Y-ST-ZF Change Addition DELETE

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 oath; that I am an officer or director of the corporation or the receiver or frustree empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, On an audchment with an address. appears in Block 12 or Block 13 if chapped,

6.4 CITY-ST-ZIP

41 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

SIGNATURE:

TILE

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101.6 MAME

THLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDLESS

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DELETE

DELETE

Change

Change

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**FILED** 

Apr 22 1997 8:00am

Secretary of State