

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V72564** (0)

1. Corporation Name

FLIGHT SYSTEMS, INC.



Principal Place of Business

Mailing Address

**TERMINAL ONE OPA LOCKA AIRPORT
15001 NW 42ND AVE., SUITE 203
OPA LOCKA FL 33054**

**TERMINAL ONE OPA LOCKA AIRPORT
15001 NW 42ND AVE., SUITE 203
OPA LOCKA FL 33054**

3. Date Incorporated or Qualified
10/15/1992

3a. Date of Last Report
09/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0395792

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DENICOLA, BRUNO
TERMINAL ONE OPA LOCKA AIRPORT
OPA LOCKA FL 33054**

81 Name

DENICOLA, BRUNO

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

1181 STARRING AVE.

83

84 City

MIAMI SPRINGS

FL

85 Zip Code

33166

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 then applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-15-1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **BOCANEGRA, FERNANDO**
STREET ADDRESS **15614 SW 55 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **LOIS, CESAR F**
STREET ADDRESS **1181 STARRING AVE**
CITY-ST-ZIP **MIAMI SPRINGS 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☒ Addition
1.2 NAME **DENICOLA, BRUNO**
1.3 STREET ADDRESS **1181 STARRING AVE**
1.4 CITY-ST-ZIP **MIAMI SPRINGS, FL. 33166**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

4-15-96

Date

(305) 687-1307

Daytime Phone #

CR2E034 (12/95)