

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 17 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 651293 (3)**

1. Corporation Name  
**SPECIAL AIR SERVICE CORPORATION**



Principal Place of Business <b>10661 SW 88ST #101 MIAMI FL 33176 US</b>	Mailing Address <b>10661 SW 88ST STE-101 MIAMI FL 33176-1550 US</b>
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3. Date Incorporated or Qualified <b>11/08/1979</b>	3a. Date of Last Report <b>04/08/1996</b>
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21. Principal Place of Business <b>13416 SW 128 st.</b>	2a. Mailing Address <b>13416 SW 128 st</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State <b>MIAMI, FL.</b>	28. City & State <b>MIAMI, FL.</b>
24. Zip <b>33186</b>	25. Country <b>USA</b>
29. Zip <b>33186</b>	30. Country <b>USA</b>

4. FEI Number <b>59-1950651</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**IZQUIERDO, RAUL  
10661 N KENDALL DR #101  
MIAMI FL 33176**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>IZQUIERDO, IGNACIO</b>	
STREET ADDRESS	<b>10661 SW 88ST #101</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>IZQUIERDO, RAUL</b>	
STREET ADDRESS	<b>10661 SW 88ST #101</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>AVD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>IZQUIERDO, ALFREDO</b>	
STREET ADDRESS	<b>10661 SW 88ST #101</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>IZQUIERDO, IGNACIO</b>	
1.3 STREET ADDRESS	<b>13416 SW 128 st.</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FL. 33186</b>	
2.1 TITLE	<b>PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>IZQUIERDO, RAUL</b>	
2.3 STREET ADDRESS	<b>13416 SW 128 st</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FL. 33186</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:  **IGNACIO IZQUIERDO** **1-13-97 (305) 253-5500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)