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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600003170 (5)

AVIATION SALES COMPANY

FILED Jan 30 1997 8:00am Secretary of State



22 27 City & State City & State Cay & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Zip Country Zip Country B. This corporation has liability for interest.	\$5.0 Add ntangible tax under Yes No glistered Agent	Applied For Not Applica 75 Additional e Required 00 May Be ded to Fees
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0665658 Suite, Apt. #, etc. 2	\$8.7 Fee \$5.0 Add ntangible tax under Yes No	Applied For Not Applica 75 Additional e Required 00 May Be ded to Fees
28. Mailing Address Suite, Apt. #, etc. City & State City & State City & State Country AMERICAN INFORMATION SERVICES, INC. 1 SE 3RD AVE 27TH FLR MIAMI FL 33131 28. Mailing Address Suite, Apt. #, etc. City & State AMERICAN INFORMATION SERVICES, INC. 1 SE 3RD AVE 27TH FLR MIAMI FL 33131 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 pure 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	\$5.0 Add ntangible tax under Yes No glistered Agent	Not Applicate 75 Additional e Required 00 May Be ded to Fees
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 office or registered agent, or both, in the State of Fforidal Such change was authorized by the corporation's board of directors. Thereby accept 		
Signature, topod or portion rame of registered agent and one if applicable (NOTE: Bugistered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECT	TORS IN 12
E DCP DELETE 11TITLE V	Char	
BAKER, DALE S 12 NAME Saso, Michael A.		
13 STREET ADDRESS 6905 NW 25TH ST		
Y-ST-7/P MIAMI FL 33122 E DV	☐ Char	nge 🔀 Addi
WOODY, HAROLD M 22 NAME Civiletto, Joseph E.		
EET ADDRESS 6905 NW 25TH ST 23 STREET ADDRESS 6905 NW 25th St.		
7-SI-ZP MIAMI FL 33122 2.4 CITY-ST-ZIP Miami, FL 33122		
F D DELETE 3.1 TITLE V	Char	nge 🔼 Add
ALPERT, ROBERT 3.2 NAME Innella, James D.		
EET ADDRESS 6905 NW 25TH ST 3.3 STREET ADDRESS 6905 NW 25th St.		
r SI-ZIP MIAMI FL 33122 3.4 CITY-SI-ZIP Miami, FL 33122		
D DELETE 4.1 TITLE S	☐ Char	nge 🔀 Add
WATKINS, TIM 4.2 NAME Jacocks, Denise		
REEI ADDRESS 6905 NW 25TH ST 4.3 STREET ADDRESS 6905 NW 25th St.		
Y-ST-ZIP MIAMI FL 33122 44 CITY-ST-ZIP Miami, FL 33122		
LÉ D L. DELETE 5.1 TITLE	Char	nge 🔲 Add
dE OKUI, KAZUTAMI 5.2 NAME		
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Y-S1 ZIP MIAMI FL 33122 5.4 CITY-S1-ZIP		
LE DELETE 6.1 TIFLE	Char	inge 🛄 Add
LI ILIDUDEVE CALL		
ME HUMPTHREYS, SAM 6905 NW 25TH ST 1Y-ST-73P MIAMI FL 33122 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST-73P		

The management of the composition of the receiver of the receiver of the exemptor stated in section (19.07(5)(), Florida Statutes 1 further certify that middle 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 composition or the receiver or trustee empowered to execute this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change 4 or on a pattachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Daytine Prione #