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 # F9600003170

1. Corporation Name

AVIATION SALES COMPANY

Principal Place of Business
6905 NW 25TH ST

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90095 046 ***150.00



Principal Flace	UI DUSINESS	Washing Addre	-33						
6905 NW 25TH	ST	6905 NW 25TH	6905 NW 25TH ST				•		
MIAMI FL 33122			MIAMI FL 33122			DO NOT WE	TE IN THIS SDACE		
							DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		j	
						06/21/1996			
2. Principal Pla	ace of Business	2a. Mailing Ad	ddress			4, FEI Number	<u> </u>	Applied For	
21 26						<u>65-0665658</u>		Not Applicable	
			e, Apt. #, etc.			5. Certifcate of Status Desired	1 7	75 Additional	
22		27				3. Certificate of Clatos Desired	Fe	e Required	
City & State	<u> </u>	City & Sta	City & State			6. Election Campaign Financing	-	.00 May Be	
23 28						Trust Fund Contribution	Add	ded to Fees	
Zip	<u> </u>			Country 8. This corporation owes the current year Intangible					
24	25	29	30			Personal Property Tax.	X Yes	□No _	
	9. Name and Address of Curr			Т		10. Name and Address of New	Registered Agent		
ļ <u></u>	3, (valio and) (2000). 52			81	Name			_	
AMERICAN INFORMATION SERVICES, INC.									
1 SE 3RD AVE 27TH FLR				82 Street Address (P.O. Box Number is Not Acceptable)			able)	ĺ	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				83					
MIAMI FL 33131			03		•				
	*			84	City	· · · · · · · · · · · · · · · · · · ·	85	Zip Code	
)				1 1			FL ° °		
11. Pursuant t	o the provisions of Sections 607.0	502 and 607.1508, F	lorida Statutes, the	above	-named	corporation submits this statement for the	purpose of changin	g its registered	
l office or re	egistered agent, or both, in the Sta n familiar with, and accept the obli	te of Florida. Such ch	iange was authoriz	zea by	the corr	poration's board of directors. I hereby acce	pt the appointment a	is registered	
agent. Fai	ir lantiliar with, and accept the ob-	galloris or, occilori or	71,0500, 1 longa o		•	•	•]	
SIGNATURE	Stanature, typed or printed name of registered a	ngent and title if applicable.	(NOTE: Registe	ered Agen	nt signature	required when reinstating)	DATE	 [
12.		AND DIRECTORS		3.		ADDITIONS/CHANGES TO OF	FICERS AND DIRE	CTORS IN 12	
TITLE	DCP			1 TITLE			☐ Cha		
		_		2 NAME			,		
NAME	BAKER, DALE S				ADDRESS			Ì	
STREET ADDRESS	6905 NW 25TH ST					'	•		
CITY-ST-ZIP	MIAMI FL 33122			4 CITY-S	T-ZIP		Cha	inge Addition	
TITLE	DV	L		1 TTLE				inge	
NAME	WOODY, HAROLD M		2.3	2 NAME				. }	
STREET ADDRESS	6905 NW 25TH ST		2.3	3 STREET	ADORESS	6			
CITY-ST-ZIP	MIAMI FL 33122		2.	4 CITY-S	T-ZIP				
TITLE	D	Į.	DELETE 3	1 TITLE		V	☐ Cha	inge 🗗 Addition	
NAME	ALPERT, ROBERT		3.3	2 NAME		Michael A. Saso		}	
STREET ADDRESS	6905 NW 25TH ST		3:	3 STREFT	FADDRESS	6905 NW 25th Street	-	1	
	MIAMI FL 33122			4. CITY-S		Migai FL 33122			
CITY-ST-ZIP				1 TITLE	- 21	11	☐ Cha	ange 🖳 Addition	
TITLE	D	۱	-	2 NAME		Joseph E. Crviletto	.	- }	
NAME	WATKINS, TIM				 .	1			
STREET ADDRESS	6905 NW 25TH ST		ľ		TADDRESS				
CITY-ST-ZIP	MIAMI FL 33122			4 CITY-S	T-ZIP	Migni, FL 33122		ange Addition	
TITLE	D	į į		1 TITLE		<u></u>	☐ Cha	unde Fit voordour	
NAME	okui, kazutami			2 NAME		James D. Innella			
STREET ADDRESS	6905 NW 25TH ST		5.	3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33122		5.	4 CITY-S	T-ZIP	M1 +m1, FL 33/22			
TITLE	D	[1	DELETE 6.	1 TITLE		S	☐ Cha	ange Addition	
NAME	HI MADHDEVS SAM		6.	2 NAME		Denise Tacocks	•		

Miami, FL 33122 MIAMI FL 33122 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6905 NW 25 K SHEET

SIGNATURE:

STREET ADDRESS

6905 NW 25TH ST