2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9600003170 May 09, 2000 8:00 am **Secretary of State** AVIATION SALES COMPANY 05-09-2000 90064 035 ***150.00 Principal Place of Business Mailing Address 6905 NW 25TH ST 6905 NW 25TH ST MIAMI FL 33122 MIAMI FL 33122-1805 UUU47Ubb 2. Principal Place of Business 3. Mailing Address 3701 FLAMINGO DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0665658 MIRAMAR Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1 SE 3RD AVE 27TH FLR MIAMI FL 33131 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change **Addition** TITLE TITLE DCP ☐ Delete MICHAEL BRANT 3701 FLAMINGO ROAD NAME BAKER, DALE S 3701 FLAMINGOR OAD STREET ADDRESS STREET ADDRESS 0905 NW 25TH ST CITY-ST-ZIP MIRAMAR, FL 33027 CITY-ST-ZIP MIRAMARIFL 33027 Addition | TITLE PHILIP B. SCHWARTZ NAME NAME WOODY, HAROLD M ONE SE 3AD AVE, 28 TH FLOOR 3701 FLAMINGO ROad STREET ADDRESS STREET ADDRESS 6905 NW 25TH ST CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP MIAMI FL 33122 Change - Addition TITLE SASO, MICHAEL A NAME NAME STREET ADDRESS STREET ADDRESS 6905 N.W. 25TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI_FL 33122 Change ☐ Addition Delete TITLE NAME CYVILETTO, JOSEPH E STREET ADDRESS STREET ADDRESS 6905 NW 25TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 ☐ Change ☐ Addition TITLE X Delete TITLE NAME NAME INNELLA, JAMES STREET ADDRESS STREET ADDRESS 6905 N.W. 25TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 Delete TITLE ☐ Change ☐ Addition TITLE NAME JACOCKS, DENISE STREET ADDRESS STREET ADDRESS 6905 NW 25TH ST CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33122

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

954-532-0564

Daytime Phone