

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

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| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 FEB -2 PM 2: 06

DOCUMENT # M53937 (2)

1. Corporation Name
AVIATION EQUIPMENT SUPPORT, INC.

| | |
|---|---|
| Principal Place of Business C/O NATHAN I. LEDER 3309 NW 74TH AVE MIAMI FL 33122 | Mailing Address C/O NATHAN I. LEDER 3309 NW 74TH AVE MIAMI FL 33122 |
|---|---|

DO NOT WRITE IN THIS SPACE.

| | | | |
|---|--|--|--|
| 3. Date Incorporated or Qualified 06/16/1987 | | 3a. Date of Last Report 02/28/1994 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | | 2a. Mailing Address 26 Suite, Apt. #, etc. | |
| 22 City & State | | 27 City & State | |
| 23 Zip | | 28 Zip | |
| 24 Country | | 29 Country | |
| 25 | | 30 | |
| 4. FBI Number 65-0012255 | | 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 type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|---|--|--|--|---|--|-------------|--|
| 9. Name and Address of Current Registered Agent LEDER, NATHAN I. 444 BRICKELL AVE. 1050 RIVERGATE PLAZA MIAMI FL 33131 | | | | 10. Name and Address of New Registered Agent | | | |
| 81 Name | | | | 82 Street Address (P.O. Box Number Is Not Acceptable) | | | |
| 83 | | | | 84 City | | | |
| | | | | 85 FL | | 86 Zip Code | |

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 date if not applicable) (NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|---|
| TITLE | DP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANTEIRO, ANTONIO | 1.2 NAME | |
| STREET ADDRESS | 9631 SW 147 STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 110.07(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: **X** *Antonio Santiero* **1/30/95 (305) 591-8560**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Signature) (Typed Name)