2001 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2001 8:00 am Secretary of State DOCUMENT # P9900062084 1. Entity Name HELISIGHT INTERNATIONAL PARTS & SERVICES CO. 02-07-2001 90188 012 ***150.00 Principal Place of Business Mailing Address 7345 SAND LAKE RD., STE, 206 7345 SAND LAKE RD. STE. 206 ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0723715 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TORO, RUBEN D Street Address (P.O. Box Number is Not Acceptable) 7345 SAND LAKE RD., STE. 206 ORLANDO FL 32819 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00. 9. This corporation is eligible to satisfy its Intangible 10.-Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PDST ☐ Delete TITLE ☐ Change Addition PREZOTTO, MARIA S NAME STREET ADDRESS STREET ADDRESS 6232 RALEIGH STREET CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME PRIETO, RENATO NAME STREET ADDRESS STREET ADDRESS 6530 METROWEST BLVD #621 CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET-ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 Types on Frinted Name of Signing Officer on Director