FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

SIGNATURE:

Mar 16 1998 8:00am FLORIDA DE PARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V53689 (8)F & J AVIATION CORP. Principal Place of Business Mailing Address 444 BRICKELL AVE 444-BRICKELL AVE SUITE 300 SUITE 300-DO NOT WRITE IN THIS SPACE MIAMILEL 33131 3. Date Incorporated or Qualified 07/28/1992 2. Principal Place of Busines Mailing Address Applied For the Dure Imy NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State & State 6. Election Campaign Financing \$5.00 May Be MIAM Trust Fund Contribution Added to Fees Countr 8. This corporation owes or has paid the current year Intangible 30 🔾 Personal Property Tax due June 30. Yes Yes Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **GOLDSTEIN, STUART A ESQ.** 444 BRIOKELL AVE Street Address (P.O. Box Number Is Not Acceptable) **SUITE 300** 83 **MIAMI FL 33131** 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 Sylte 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 accept the physical properties of Systems (5.0505), Florida Statutes. SIGNATURE (NOTF: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change TITLE 1.1 TITLE NAME SCHRAMA, ROBERTUS MARIA 1.2 NAME WESTERSTRAAT 189A, 1015MA STREET ADDRESS 1.3 STREET ADDRESS AMSTERDAM, HOLLAND CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE Change ■ Addition TITLE NAME DE RONDE, PETER 22 NAME AMSTELVEEN 1181 AL STREET ADDRESS 23 STREET ADDRESS HOLLAND NE CITY-S1-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 54 CITY-ST-ZIP CITY-ST-2IP DELETE ☐ Change ___ Addition TITLE 61 TITLE NAME 6.2 NAME STREE1 ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplindicated on this annual report or supplied officer or director of the corporation of the Block 12 or Block 13 if changed, or an armonic of the corporation not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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