

is on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR 16 AM 11:25
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ANNUAL FEE \$188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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Name and Mailing Address of Limited Liability Company	DOCUMENT # L97000000208
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ATLAS AIRPARTS INTERNATIONAL, L.C.
~~322 TAMiami TRAIL~~
~~UNIT 24~~
PUNTA GORDA FL 33950

1a. Principal Place of Business Address
~~322 TAMiami TRAIL~~
~~UNIT 24~~
PUNTA GORDA FL 33950

Principal Place of Business 318 TAMiami TRAIL Suite, Apt. #, etc. 4	2a. Mailing Address P.O. Box 511057 Suite, Apt. #, etc.
City & State PUNTA GORDA, FL	City & State PUNTA GORDA, FL
Zip 33950 Country Charlotte	Zip 33951 Country Charlotte

3. Date Organized or Qualified 02/17/1997	3a. State of Formation FL
4. FEI Number 65-0754694	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent DRESEL, ANABELLE Z 18 TAMiami TRAIL, UNIT 24 PUNTA GORDA FL 33950
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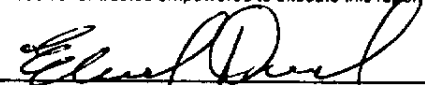
8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 200002497222 Suite, Apt. #, etc. -04/22/98 -01108-007 ****197.50 ****197.50 City FL Zip Code
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Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)	DATE
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0. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	DRESEL, EDWARD G	318 TAMiami TRAIL, S# 4 322 TAMiami TRAIL	PUNTA GORDA FL
MEM	PATRICK H AND THERES,	322 TAMiami TRAIL	PUNTA GORDA FL
MEM	NEWCO AVIATION SERVI,	322 TAMiami TRAIL	PUNTA GORDA FL
MEM	DRESEL, ANABELLE	318 TAMiami TRAIL, S# 4	PUNTA GORDA, FL

I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  Edward Dresel 4/6/98 941-505-8383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date
Daytime Phone #