

355850

**AIR OPERATIONS INTERNATIONAL**

2000 NW 96TH AVENUE  
MIAMI, FLORIDA 33172  
(305) 592-5530

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
98 SEP 21 AM 9:02

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DIVISION OF CORPORATIONS

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9/23/98

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of \_\_\_\_\_ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Air Operations International Corporation

2. The mailing address of the corporation is: 2000 NW 96 AVE  
MIAMI FL 33172

3. Date of incorporation/qualification: \_\_\_\_\_ Document number: 355850

4. The name and address of the current registered agent and office:

BYRON SKERRILL  
2000 NW 96 AVE  
MIAMI FL 33172

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

JOSE BARED  
2000 NW 96 AVE  
MIAMI FL 33172

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The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature] V.P.  
(Signature of an officer, chairman or vice chairman of the board)

9/2/98  
(Date)

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature] V.P.  
(Signature of Registered Agent)

9/2/98  
(Date)

If signing on behalf of an entity:

JOSE BARED  
(Typed or Printed Name)

V.P.  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*