2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 06, 2001 8:00 am Secretary of State **DOCUMENT # 578648** AMERICA AIRCRAFT PARTS, INC. 04-06-2001 90035 024 ***158.75 Principal Place of Business Mailing Address 4471 NW 36TH ST. .4471 NW 36TH ST STE 240 8.19177 MAIMI SPGS FL 33166 MIAMI SPRINGS FL 33166 UŞ 3. Mailing Address • 2906 Dovelds Reac 2. Principal Place of Business Roal 2906 Douglas Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 10 City & State Applied For 4. FEI Number 59-1830891 GANES 6AblES ORAL Not Applicable \$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 Name TORRENT, ERNESTO Street Address (P.O. Box Number is Not Acceptable) 4471 NW 36TH ST MIAMI SPRINGS FL 33166 City Zip Code the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits the stateme SIGNATURE (NOTE: Registered Agen/signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing 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) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE 🔼 Delete TITLE BRNESTO TORRENT 3901 ALHAMBIA CIRCLE TORRENT, ERNESTO NAME NAME 44Z1-NW 36 ST. #240 STREET ADDRESS STREET ADDRESS CORM GABLES - Fl. 33134 CITY-ST-ZIF Miami Springs Fl CITY-ST-ZIP **T**Delete TITLE TITLE TORRENT, ERNESTO M. RAGUEL TORRENT NAME NAME 4471 NW 36 ST. #240 STREET ADDRESS 3801 Althombon ciaele STREET ADDRESS MIAMI SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP CORM GABIES - FI TITLE Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP

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:

ERNESTO V. TORRENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR