

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 676077 (1)**  
 1. Corporation Name: **EMBRAER AIRCRAFT CORPORATION**



Principal Place of Business <b>276 S.W. 34TH STREET FORT LAUDERDALE FL 33315</b>	Mailing Address <b>276 S.W. 34TH STREET FORT LAUDERDALE FL 33315</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>07/01/1980</b>	3a. Date of Last Report <b>05/01/1995</b>
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number <b>59-2046981</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.03? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HILL, SAMUEL D 276 S.W. 34TH STREET FORT LAUDERDALE FL 33315</b>		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>
			85. Zip Code

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 State 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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature of typeface professional of registered agent and fee applicable (N/A) Registered Agent Signature required when re-registering (N/A)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CD</b>	<b>WANDERLEY, JUAREZ S.B.</b> <input checked="" type="checkbox"/> DELETE	11 TITLE <b>CD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME <b>BOTELHO, MAURICIO N.</b>	
STREET ADDRESS <b>276 SW 34TH STREET</b>		13 STREET ADDRESS <b>276 SW 34th Street</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL</b>		14 CITY-ST-ZIP <b>Fort Lauderdale, Fl. 33315</b>	
TITLE <b>D</b>	<b>CURADO, FREDERICO P. F.</b> <input type="checkbox"/> DELETE	21 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME <b>HILL, SAMUEL D.</b>	
STREET ADDRESS <b>276 SW 34TH STREET</b>		23 STREET ADDRESS <b>276 SW 34th Street</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>		24 CITY-ST-ZIP <b>Fort Lauderdale, Fl. 33315</b>	
TITLE <b>D</b>	<b>BERWIG, NEWTON U.</b> <input checked="" type="checkbox"/> DELETE	31 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME <b>HALLACK, VITOR S.</b>	
STREET ADDRESS <b>276 SW 34TH STREET</b>		33 STREET ADDRESS <b>276 SW 34th Street</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL</b>		34 CITY-ST-ZIP <b>Fort Lauderdale, Fl. 33315</b>	
TITLE <b>VS</b>	<b>SPULAK, GARY J.</b> <input checked="" type="checkbox"/> DELETE	41 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME <b>PAES, JOÃO L. VOLLMER M.</b>	
STREET ADDRESS <b>276 SW 34TH STREET</b>		43 STREET ADDRESS <b>276 SW 34th Street</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>		44 CITY-ST-ZIP <b>Fort Lauderdale, Fl. 33315</b>	
TITLE <b>D</b>	<b>BOND, LANGHORNE M.</b> <input type="checkbox"/> DELETE	51 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME <b>PEREIRA, BRENNO R.</b>	
STREET ADDRESS <b>276 SW 34TH STREET</b>		53 STREET ADDRESS <b>276 SW 34th Street</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>		54 CITY-ST-ZIP <b>Fort Lauderdale, Fl. 33315</b>	
TITLE <b>VT</b>	<b>SAGE, DAVID T.</b> <input checked="" type="checkbox"/> DELETE	61 TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME <b>DWYER, RONALD J. (same address above)</b>	
STREET ADDRESS <b>276 SW 34TH STREET</b>		TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>		NAME <b>GEARHART, MICHAEL (same address)</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Samuel D Hill June 5/96 954-359-3700  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **SAMUEL D. HILL**

CR2E034 (3/96)