

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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90060 050 ***150.00

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 696166

1. Corporation Name
IAL AIRCRAFT HOLDING, INC.

Principal Place of Business
**950 S.E. 12TH ST.
HIALEAH FL 33010**

Mailing Address
**950 S.E. 12TH ST.
HIALEAH FL 33010**



DO NOT WRITE IN THIS SPACE

| | | | | |
|---|--|--|--|--|
| 3. Date Incorporated or Qualified 07/24/1981 | | 4. FEI Number 59-2113367 | | Applied For <input type="checkbox"/> No <input type="checkbox"/> Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 | | |
| 9. Name and Address of Current Registered Agent POLK, RHONDA S 950 S E 12TH ST HIALEAH FL 33010 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | DPC <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BATCHELOR, GEORGE E. | 1.2 NAME | TIRRI, SR. ANTHONY C. |
| STREET ADDRESS | 950 S.E. 12TH ST. | 1.3 STREET ADDRESS | 950 SE 12TH ST. |
| CITY-ST-ZIP | HIALEAH FL | 1.4 CITY-ST-ZIP | HIALEAH FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERRARESI, DANIEL J | 2.2 NAME | |
| STREET ADDRESS | 950 SE 12TH STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL | 2.4 CITY-ST-ZIP | |
| TITLE | AS <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAWSON, HUMPHREY | 3.2 NAME | POLK, RHONDA S. |
| STREET ADDRESS | 950 S.E. 12TH ST. | 3.3 STREET ADDRESS | 950 SE 12TH ST. |
| CITY-ST-ZIP | HIALEAH FL | 3.4 CITY-ST-ZIP | HIALEAH FL |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HIGGINS, JOHN | 4.2 NAME | EBERT, JOHN C. |
| STREET ADDRESS | 950 SE 12TH ST | 4.3 STREET ADDRESS | 950 SE 12TH STREET |
| CITY-ST-ZIP | HIALEAH FL | 4.4 CITY-ST-ZIP | HIALEAH FL |
| TITLE | V <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIMKOVITZ, LEONARD | 5.2 NAME | TIRRI, JR. ANTHONY C. |
| STREET ADDRESS | 950 SE 12TH ST | 5.3 STREET ADDRESS | 950 SE 12TH STREET |
| CITY-ST-ZIP | HIALEAH FL | 5.4 CITY-ST-ZIP | HIALEAH FL |
| TITLE | DS <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BATCHELOR, MARIANNE T | 6.2 NAME | TIRRI, JEAN M. |
| STREET ADDRESS | 950 SE 12TH STREET | 6.3 STREET ADDRESS | 950 SE 12TH STREET |
| CITY-ST-ZIP | HIALEAH FL | 6.4 CITY-ST-ZIP | HIALEAH FL |

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with a different like empowered.

SIGNATURE:

Rhonda S. Polk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

(305) 889-6222

Daytime Phone #

CR2E034 (1/98)

0124337