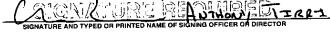
2002 UNIFORM BUSINESS REPORT (UBR) 696166 DOCUMENT # 1. Entity Name IAL AIRCRAFT HOLDING, INC.

FILED May 08, 2002 8:00 am Secretary of State 05-08-2002 90016 044 ***150.00

Principal Place of Business 7220 NW 36TH STREET SUITE 305 MIAMI FL 33166			Mailing Address 7220 NW 36TH STREET SUITE 305 MIAMI FL 33166									
2. Principal Place of Business			3. Mailing Address						, 			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. i	hu=2113367			olied For Applicable		
Zip		Country	Zip Country				5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current R	egistered Agent			7. Name and Address of New Registered Agent						
TIRRI, ANT 7220 NW (•		Name Street Add	Street Address (P.O. Box Number is Not Acceptable)							
SUITE 305 MIAMI FL				City	 -				■ Zip Code	, .		
MIAMI FL	SS 100			City				F				
9. This corpo	ration.is.elig	d or printed name of registered agent an gible, to satisfy, its, intangible, and elects to do so.		/!!! FEE 002 Fee	will be \$55	0.00 of State	~10Elect	t Fund Contribut	ion.	\$5.0 Added	to Fees	
11.		OFFICERS AND I	DIRECTORS	12.		Al	DDITIONS/C	HANGES TO O	FICERS A			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TIRRI, AN 7220 NW MIAMI FL	ITHONY C SR 36TH STREET, SUITE 3 33166	□ Delete			•				☐ Change	Addition	
TITLE! NAME STREET ADDRESS CITY-ST-ZIP	VP TIRRI, AN	ITHONY C JR	□ Delete				*			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TIRRI, JE	AN M / 36TH STREET, SUITE S	☐ Delete				•			☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMIT	. 33100	☐ Delete		I			-		☐ Change	Addition	
					L <u>E</u>					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				NA STI					. जन इस्ति है	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	ST	le Me Reet address IY-ST-ZIP					☐ Change	□ Yaquiqui	

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:



305·887 4500