

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 05 1996 8:00 am
Secretary of State

DOCUMENT # **838891** (0)

1. Corporation Name
AIRBUS SERVICE COMPANY, INC.



Principal Place of Business: **5600 NW 36 ST 2ND FLOOR MIAMI FL 33122 US**
Mailing Address: **P.O. BOX 660037 P O BOX 660037 MIAMI FL 33266-0037 US**

3. Date Incorporated or Qualified: **08/05/1977** 3a. Date of Last Report: **01/26/1995**
4. FEI Number: **13-2902359** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Subj., Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Subj., Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name: **CT CORPORATION SYSTEM**
82 Street Address (P.O. Box Number is Not Acceptable): **1200 S. PINE ISLAND ROAD**
83 **PLANTATION FL 33324**
84 City: **PLANTATION** 85 Zip Code: **33324**

11. Pursuant to the provisions of Sections 607.0501 and 607.1506, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

12.1 TITLE	CD	<input type="checkbox"/> DELETE
12.2 NAME	SCHOFIELD, JONATHAN	
12.3 STREET ADDRESS	5600 NW 36ST	
12.4 CITY, ST, ZIP	MIAMI FL	
12.5 TITLE	PD	<input type="checkbox"/> DELETE
12.6 NAME	KIZER, CLYDE	
12.7 STREET ADDRESS	5600 NW 36ST.	
12.8 CITY, ST, ZIP	MIAMI FL	
12.9 TITLE	D	<input type="checkbox"/> DELETE
12.10 NAME	BOYD, ALAN S.	
12.11 STREET ADDRESS	5600 NW 36ST.	
12.12 CITY, ST, ZIP	MIAMI FL	
12.13 TITLE	VT	<input type="checkbox"/> DELETE
12.14 NAME	HEIN, ROBERT P.	
12.15 STREET ADDRESS	5600 NW 36ST.	
12.16 CITY, ST, ZIP	MIAMI FL	
12.17 TITLE	D	<input type="checkbox"/> DELETE
12.18 NAME	CATTEEUW, BERNARD	
12.19 STREET ADDRESS	5600 NW 36TH ST.	
12.20 CITY, ST, ZIP	MIAMI FL	
12.21 TITLE	V	<input type="checkbox"/> DELETE
12.22 NAME	DUNCAN, I JAMES	
12.23 STREET ADDRESS	5600 NW 36TH ST.	
12.24 CITY, ST, ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 supplementary 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.

SIGNATURE: *RP Hein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: **ROBERT P. HEIN VICE PRESIDENT FINANCE CHIEF FINANCIAL OFFICER**

1/19/96 703 834-3400
Date: _____ Date in P.F.S. # _____

CR2E034 (12/95)