

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90205 043 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 838891**

1. Corporation Name  
**AIRBUS SERVICE COMPANY, INC.**



Principal Place of Business <del>5600 NW 36 ST</del> <del>2ND FLOOR</del> <del>MIAMI FL 33166</del> <del>46-</del>	Mailing Address P.O. BOX 660037 P O BOX 660037 MIAMI FL 33266-0037 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4355 NW 36 STREET</b> Suite, Apt. #, etc. 22 City & State 23 <b>MIAMI SPRINGS FL</b> Zip Country 24 <b>33166</b> 25 <b>US</b>	2a. Mailing Address 26 <b>4355 NW 36 ST</b> Suite, Apt. #, etc. 27 City & State 28 <b>MIAMI SPRINGS FL</b> Zip Country 29 <b>33166</b> 30 <b>US</b>
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3. Date Incorporated or Qualified <b>08/05/1977</b>	4. FEI Number <b>13-2902359</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SCHOFIELD, JONATHAN	
STREET ADDRESS	<del>5600 NW 36ST</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KIZER, CLYDE	
STREET ADDRESS	<del>5600 NW 36ST</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<del>BOYD, ALAN S.</del>	
STREET ADDRESS	<del>5600 NW 36ST</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	HEIN, ROBERT P.	
STREET ADDRESS	<del>5600 NW 36ST</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CATTEEUW, BERNARD	
STREET ADDRESS	<del>5600 NW 36TH ST</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	CP	<input type="checkbox"/> DELETE
NAME	MARTIN-NAGLE, RENEE	
STREET ADDRESS	<del>5600 NE 36ST</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>4355 NW 36 ST</b>
1.4 CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>4355 NW 36 ST</b>
2.4 CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DIRECTOR</b>
3.3 STREET ADDRESS	<b>IAN MASSEY</b>
3.4 CITY-ST-ZIP	<b>4355 NW 36 ST</b> <b>MIAMI SPRINGS FL 33166</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>4355 NW 36 ST</b>
4.4 CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>4355 NW 36 ST</b>
5.4 CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>4355 NW 36 ST</b>
6.4 CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>

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 all other like empowered.

SIGNATURE: [Signature] 2/4/99 (703) 834-3400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)