

FO00000006442

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: AVSTAR COMPLETION CENTER INC.
(Name of corporation - must include suffix)

900003456469--1
-11/17/00--01105--001
***1150.00 ***1150.00
900003456469--1
-11/07/00--01145--005
*****78.75 *****78.75

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DULCE MACEDO
(Name of Person)
AVSTAR COMPLETION CENTER INC.
(Firm/Company)
C/O 2085 HURONTARIO STREET, ST. 200
(Address)
MISSISSAUGA, ONTARIO, L5A 4G1, CANADA
(City/State/Zip)

\$ 1,150.00

W00-26524

Should you need to call someone concerning this matter, please call:

DULCE MACEDO
(Name of Person)

at (905) 803-8898
(Area Code & Daytime Telephone Number)

COURIER ADDRESS

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

Name	Availability
Examiner	Examiner
Verifier	Verifier
Acknowledgment	Acknowledgment
P. Verifier	P. Verifier

MAILING ADDRESS
Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
COPY
AGENT
TOTAL
BALANCE DUE \$
REFUND \$

11/17

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. AVSTAR COMPLETION CENTER INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. DELAWARE
(State or country under the law of which it is incorporated)
3. 65-0917816
(FEI number, if applicable)
4. April 14, 1999
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. April 14, 1999
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 5340 N.W. 21st AVENUE, HANGAR 60
FORT LAUDERDALE, FLORIDA, 33309
(Current mailing address)
8. Finishing, repair and maintenance of aircraft
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: MS. SHARLENE BRENKUS

Office Address: 225 DANIA BEACH BLVD, Suite 210
DANIA, Florida, 33004
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: SHARLENE BRENKUS

Address: 225 DANIA BEACH BLVD., Suite 210
DANIA, FLORIDA, 33004

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: CLINTON YUEN

Address: 2085 HURONTARIO STREET, STE. 200
MISSISSAUGA, ONTARIO, L5A 4G1, CANADA

Vice President: _____

Address: _____

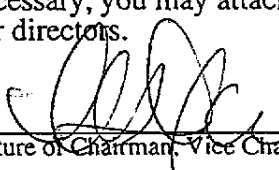
Secretary: ROGER W. PROCTOR

Address: 2085 HURONTARIO ST., STE 200
MISSISSAUGA, ONTARIO, L5A 4G1, CANADA

Treasurer: ROGER W. PROCTOR

Address: 2085 HURONTARIO ST., STE 200
MISSISSAUGA, ONTARIO, L5A 4G1, CANADA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. CLINTON YUEN, PRESIDENT
(Typed or printed name and capacity of person signing application)

State of Delaware

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVSTAR COMPLETION CENTER INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF OCTOBER, A.D. 2000.


AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVSTAR COMPLETION CENTER INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF APRIL, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



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Edward J. Freel, Secretary of State
AUTHENTICATION: 0738575

DATE: 10-17-00