1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F48390**

1. Corpo	AIRCRAFT HOLDINGS, INC.						
Principal	Place of Business	Mailing Address			1 INTERIOR THE DIRECT LOUDE STREET INTO AND A CO		/1801 B1811 1881
9420 S.W. 77TH AVE SUITE 100 MIAM FL 33156-4903		9420 S.W. 77TH AVE SUITE 100 MIAMI FL 33156-4903			DO NOT WRITE IN TH	IIS SPACE	
	1				3. Date Incorporated or Qualifed 09/25/1981	-	
2. Princi	pal Place of Business	2a. Mailing Address			4. FEI Number	<u>-</u>	plied For
21	i	26			59-2125468		t Applicable
Suite,	Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A Fee Re		
City 8	State	28		6. Election Campaign Financing Trust Fund Contribution	:\$5.00 Added t	•	
Zip	Country Zip		Country 30		This corporation owes the current year Personal Property Tax.	Intangible Yas	□No
24	9. Name and Address of Current Registered Agent				10. Name and Address of New Register	ed Agent	
	CAUFF, STUART L 9420 SW 77TH AVE MIAMI FL 33156-4903	·	81 82 83 84	Street A	Address (P.O. Box Number is Not Acceptable)	85 Žip (Code
11. Purs office ager	18				corporation submits this statement for the purpose tration's board of directors. I hereby accept the appendix when reinstating) DATE	of changing its pointment as re	registered gistered
12.	! OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
NAME STREET ADD	AMAND TI	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADI	PTD CAUFF, STUART L. 9420 SW 77TH AVE #100	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREE	TADDRESS		☐ Change	☐ Addition
CITY-ST-ZI	, MIAMI FL		2.4 CITY-ST-ZIP		<u> </u>		
TITLE	1	☐ DELETE	3.1 TITLE			Change	Addition Addition
NAME		, -	3.2 NAME		• • • • • • • • • • • • • • • • • • • •		
STREET ADO	DRESS		3.3 STREE	TADDRESS			
CITY-ST-ZIF	>			ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME STREET ADI	DRESS		4.2 NAME 4.3 STREE	T ADDRESS			

6.4 CTY-ST-ZIP

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 of 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 chartest, or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRES

TITLE

TITLE

NAME

GNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECT

REQUIDAYNE D. LIPPMAN

3/18/29 (30)

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90029 047 ***158.75

Daytime Phone #

☐ Change

☐ Change

Addition

☐ Addition

CR2E034 (11/98)