

3.4-98 B-2818 C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F72010 (4)  
1. Corporation Name  
COMPASS AVIATION INTERNATIONAL CORP.

Principal Place of Business 5000 NW 36 ST. MIAMI FL 33016 US	Mailing Address 15110 GARVOCK PL MIAMI LAKES FL 33016
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 8531 S.E. DRIFTWOOD ST. 27 Suite, Apt. #, etc. 28 HOBE SOUND, FL. 29 33455 30 MARTIN		3. Date Incorporated or Qualified 03/15/1982		4. FEI Number 65-0172475		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

BARO, EDUARDO C.  
15110 GARVOCK PL  
MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent

81 Name	BARO, EDUARDO C.
82 Street Address (P.O. Box Number is Not Acceptable)	8531 S.E. DRIFTWOOD ST.
83	
84 City	HOBE SOUND
85 Zip Code	FL 33455

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


Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	NAME	BARO, EDUARDO C.	1.1 TITLE	P	1.2 NAME	BARO, EDUARDO C.
STREET ADDRESS		STREET ADDRESS	15110 GARVOCK PL	1.3 STREET ADDRESS		1.3 STREET ADDRESS	8531 S.E. DRIFTWOOD ST.
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	HOBE SOUND, FL. 33455
TITLE	T	NAME	BARO, EDUARDO G.	2.1 TITLE		2.2 NAME	
STREET ADDRESS		STREET ADDRESS	9425 SW 6TH TERR	2.3 STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S	NAME	BARO, REBECCA K.	3.1 TITLE	S.	3.2 NAME	BARO, REBECCA K.
STREET ADDRESS		STREET ADDRESS	15110 GARVOCK PL	3.3 STREET ADDRESS		3.3 STREET ADDRESS	8531 S.E. DRIFTWOOD ST.
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI LAKES FL	3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	HOBE SOUND, FL. 33455
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS		STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		NAME		5.1 TITLE		5.2 NAME	
STREET ADDRESS		STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS		STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		6.4 CITY-ST-ZIP		6.4 CITY-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 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:  Eduardo C. Baro Feb 23/98 305-874-6634

CR2034 (1097)