SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT QUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 96 JUL 23 PH 12: 24 DIVISION OF CORPORATIONS 1996 SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # F95000001257 (3) INTERNATIONAL AVIATION SERVICES, INC. Mailing Address Principal Place of Business 9 BARRACUDA LN. 9 BARRACUDA LN. KEY LARGO FL 33037 KEY LARGO FL 33037 3a. Date of Last Report 3. Date Incorporated or Qualified 03/16/1995 Applied For 4 FELNumber 2a. Mailing Address 2. Principal Place of Business Not Applicable NOT APPLICABLE 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Ζφ Yes No Florida Statutes 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (PO. Box Number is Not Acceptable) 82 1200 S. PINE ISLAND RD. **PLANTATION FL 33324** 83 Zipi Code 85 84 City 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. at when rematahish; E)ALE SIGNATURE Signature typed or print direct of regulared agent and the Capplicuble ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. 200001号序列18學 -07/23/96--01114--010 \*\*\*\*225.00 \*\*\*\*225.00 12. DELETE TITLE PD CR2E034 1.2 NAME COLINDRES, JORGE NAME 1.3 STREET ADDRESS 13940 S.W. 107TH AVE. STREET ADDRESS 1.4 Cily - SI - ZIP MIAMI FL 33176 CITY - ST - ZIP Change Addition DELETE 2.1 THTLE TITLE STD 2.2 NAME BRYAN, SUSAN NAME 2.3 STREET ADDRESS 37 HALFWAY RD. STREET ADDRESS 2 4 CITY - ST - ZIP KEY LARGO FL 33037 CITY-ST-ZIP DELETE 3 1 TITLE TILLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 4.1 THLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - ST-2IP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY - ST - ZIF DELETE 61 THE TITLE 6.2 NAME 63 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST-ZIP 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 Stabiles 1 turther 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13.4 exampled or on an attachment with an address

SIGNATURE:

7/19/96 305-371-3774