

KELLSTROM INDUSTRIES, INC.

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90036 032 ***158.75

626469



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1100 INTERNATIONAL PKWY SUNRISE FL 33323		Mailing Address 1100 INTERNATIONAL PKWY SUNRISE FL 33323-2840	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 13-3753725		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BAYNE, SHAWN % STEARNS, WEAVER, MILLER, WEISSLER ETAL 200 EAST BROWARD BLVD., STE 1900 FORT LAUDERDALE FL 33301		7. Name and Address of New Registered Agent Name -- Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301-2607	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE <u>Laura E. Duff</u> DATE <u>3/9/00</u> <small>Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D NEDVI, ZVI R 1100 INTERNATIONAL PKWY SUNRISE FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEELE, PAUL F. 1100 INTERNATIONAL PKWY SUNRISE, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S MOTISI, ANTHONY 1100 INTERNATIONAL PKWY SUNRISE FL 33323 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARKOWICZ, MOTI 1100 INTERNATIONAL PKWY SUNRISE, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GLEASON, JOHN 1100 INTERNATIONAL PKWY SUNRISE FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NAVON, MICHAEL 1100 INTERNATIONAL PKWY SUNRISE, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VON HUSEN, FRED K 1100 INTERNATIONAL PKWY SUNRISE FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZELCER, AMI 1100 INTERNATIONAL PKWY SUNRISE, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C STERN, YOAV 1100 INTERNATIONAL PKWY SUNRISE FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOGAN, ROBERT 1100 INTERNATIONAL PKWY SUNRISE, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, DAVID J 1100 INTERNATIONAL PKWY SUNRISE FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TORRES, OSCAR 1100 INTERNATIONAL PKWY SUNRISE, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Oscar Torres</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/13/00</u> Daytime Phone # <u>(954) 845-0427</u>	

CR2E034 (9/97)