

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 30 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **F96000003968 (2)**

1. Corporation Name
AVIATION SALES BEARINGS COMPANY



| | |
|---|--|
| Principal Place of Business 6905 NW 25TH ST. MIAMI FL 33122 | Mailing Address 6905 NW 25TH ST. MIAMI FL 33122-1805 |
|---|--|

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|---|--|--|--|---|--|---------------------------------------|--|
| 2. Principal Place of Business 1048 Lee's Mill Road | | 2a. Mailing Address 1048 Lee's Mill Road | | 3. Date Incorporated or Qualified 08/05/1996 | | 3a. Date of Last Report | |
| 21 Suite Apt # etc. | | 26 Suite Apt # etc. | | 4. FEI Number 65-0684071 | | Applied For | |
| 22 City & State Atlanta, GA | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip 30349 | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | 10. Name and Address of New Registered Agent | | | |
| 81 Name | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 83 | | | | 84 City | | | |
| | | | | 85 Zip Code FL | | | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|--|
| TITLE PDC | <input type="checkbox"/> DELETE | 1.1 TITLE C/V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BAKER, DALE S | | 1.2 NAME Baker, Dale S. | |
| STREET ADDRESS 6905 NW 25TH ST. | | 1.3 STREET ADDRESS 6905 NW 25th St. | |
| CITY-ST-ZIP MIAMI FL 33122 | | 1.4 CITY-ST-ZIP Miami, FL 33122 | |
| TITLE V | <input type="checkbox"/> DELETE | 2.1 TITLE S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME WOODY, HAROLD M | | 2.2 NAME Jacocks, Denise | |
| STREET ADDRESS 6905 NW 25TH ST. | | 2.3 STREET ADDRESS 6905 NW 25th St. | |
| CITY-ST-ZIP MIAMI FL 33122 | | 2.4 CITY-ST-ZIP Miami, FL 33122 | |
| TITLE V | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SASO, MICHAEL A | | 3.2 NAME | |
| STREET ADDRESS 6905 NW 25TH ST. | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL 33122 | | 3.4 CITY-ST-ZIP | |
| TITLE VSDC | <input type="checkbox"/> DELETE | 4.1 TITLE V/S/T/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CIVILETTO, JOSEPH E | | 4.2 NAME Civiletto, Joseph E. | |
| STREET ADDRESS 6905 NW 25TH ST. | | 4.3 STREET ADDRESS 6905 NW 25th St. | |
| CITY-ST-ZIP MIAMI FL 33122 | | 4.4 CITY-ST-ZIP Miami, FL 33122 | |
| TITLE VDC | <input type="checkbox"/> DELETE | 5.1 TITLE P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME INNELLA, JAMES D | | 5.2 NAME Innella, James D. | |
| STREET ADDRESS 6905 NW 25TH ST. | | 5.3 STREET ADDRESS 6905 NW 25th St. | |
| CITY-ST-ZIP MIAMI FL 33122 | | 5.4 CITY-ST-ZIP Miami, FL 33122 | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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 on an attachment with an address.

SIGNATURE:  1/20/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)