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FILED  
Feb 03 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
1048 LEE'S MILL ROAD  
ATLANTA GA 30349  
US

Mailing Address  
6905 NW 25TH ST.  
MIAMI FL 33122



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1996

4. FEI Number

65-0684071

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 560 Atlanta S. Parkway

26 6905 NW 25th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 100, PO Box 45210

27

City & State

City & State

23 Atlanta, GA

28 Miami, FL

Zip

Zip

24 30320

25 USA

29 33122

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 CV ☐ DELETE  
NAME BAKER, DALE S  
STREET ADDRESS 6905 NW 25TH ST.  
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME WOODY, HAROLD M  
STREET ADDRESS 6905 NW 25TH ST.  
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME SASO, MICHAEL A  
STREET ADDRESS 6905 NW 25TH ST.  
CITY-ST-ZIP MIAMI FL 33122

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VSTD ☐ DELETE  
NAME CIVILETTO, JOSEPH E  
STREET ADDRESS 6905 NW 25TH ST.  
CITY-ST-ZIP MIAMI FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE PD ☐ DELETE  
NAME INNELLA, JAMES D  
STREET ADDRESS 6905 NW 25TH ST.  
CITY-ST-ZIP MIAMI FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME JACOBS, DENISE  
STREET ADDRESS 6905 NW 25TH ST.  
CITY-ST-ZIP MIAMI FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, on an attachment with an address.

SIGNATURE:

Joseph E. Civiletti 01/07/98 (305) 592-4055

CR2E034 (10/97)