

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

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**May 01 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F96000004655**  
1. Corporation Name

**Rallye Aircraft Corporation**

Principal Place of Business <b>2701 Forum Drive Grand Prairie, TX 75053</b>	Mailing Address <b>2701 Forum Drive Grand Prairie, TX 75053</b>
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3. Date Incorporated or Qualified <b>09/10/96</b>	3a. Date of Last Report <b>None</b>
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2. Principal Place of Business 21 <b>7501 Pembroke Road</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>7501 Pembroke Road</b> Suite, Apt. #, etc.	4. FEI Number <b>13-289620</b>	Applied For <input type="checkbox"/> Not Applicable
22 <b>North Perry Airport</b> City & State	27 <b>North Perry Airport</b> City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 <b>Pembroke Pines, FL</b> Zip	28 <b>Pembroke Pines, FL</b> Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 <b>33023</b>	25 <b>Broward</b>	29 <b>33023</b>	30 <b>Broward</b>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Christian Aim  
North Perry Airport  
7501 Pembroke Road  
Pembroke Pines, FL 33023**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
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.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-staffing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Jean Marc De Raffin-Dourny</b>		1.2 NAME	
STREET ADDRESS <b>7501 Pembroke Road</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>Pembroke Pines, FL 33023</b>		1.4 CITY-ST-ZIP	
TITLE P/D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Bernard Silvie</b>		2.2 NAME	<b>Bernard Silvie</b>
STREET ADDRESS <b>7501 Pembroke Road</b>		2.3 STREET ADDRESS	<b>7501 Pembroke Road</b>
CITY-ST-ZIP <b>Pembroke Pines, FL 33023</b>		2.4 CITY-ST-ZIP	<b>Pembroke Pines, FL 33023</b>
TITLE V/D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Christian Aim</b>		3.2 NAME	
STREET ADDRESS <b>7501 Pembroke Road</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>Pembroke Pines, FL 33023</b>		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Pierre De Bausset</b>		4.2 NAME	
STREET ADDRESS <b>7501 Pembroke Road</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>Pembroke Pines, FL 33023</b>		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Gregory Bradford</b>		5.2 NAME	
STREET ADDRESS <b>7501 Pembroke Road</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>Pembroke Pines, FL 33023</b>		5.4 CITY-ST-ZIP	
TITLE P/D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Christophe Van Den Brook</b>		6.2 NAME	<b>Christophe Van Den Brook</b>
STREET ADDRESS <b>7501 Pembroke Road</b>		6.3 STREET ADDRESS	<b>7501 Pembroke Road</b>
CITY-ST-ZIP <b>Pembroke Pines, FL 33023</b>		6.4 CITY-ST-ZIP	<b>Pembroke Pines, FL 33023</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: **X** *C. Aim* **Christian Aim** **X** *C. Aim* (954) 964-6877

CR2E034 (9/96)