

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am  
 Secretary of State

002695

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F96000004655 (4)  
 1. Corporation Name  
**RALLYE AIRCRAFT CORPORATION**



Principal Place of Business Mailing Address  
**7501 PEMBROKE ROAD NORTH PERRY AIRPORT PEMBROKE PINES FL 33023**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified  
**09/10/1996**  
 4. FEI Number **33-2898620** 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

9. Name and Address of Current Registered Agent  
**AIM, CHRISTIAN  
 NORTH PERRY AIRPORT  
 7501 PEMBROKE ROAD  
 PEMBROKE PINES FL 33023**

10. Name and Address of New Registered Agent  
 81 Name **LAURAIN, THIERRY**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**NORTH PERRY AIRPORT**  
 83 **7501 PEMBROKE ROAD**  
 84 City **PEMBROKE PINES** FL 85 Zip Code **33023**

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]* **THIERRY LAURAIN Finance & Administration Manager** 7/12/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SILVIE, BERNARD</b>
STREET ADDRESS	<b>7501 PEMBROKE RD PEMBROKE PINES FL 33023</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33023</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>AIM, CHRISTIAN</b>
STREET ADDRESS	<b>7501 PEMBROKE RD PEMBROKE PINES FL 33023</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33023</b>
TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DE RAFFIN-DOURNY DE, JEAN MARC</b>
STREET ADDRESS	<b>7501 PEMBROKE RD PEMBROKE PINES FL 33023</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33023</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DE BAUSSET, PIERRE</b>
STREET ADDRESS	<b>7501 PEMBROKE RD PEMBROKE PINES FL 33023</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33023</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BRADFORD, GREGORY H</b>
STREET ADDRESS	<b>7501 PEMBROKE RD PEMBROKE PINES FL 33023</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33023</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>VAN DEN BROOK, CHRISTOPHE</b>
STREET ADDRESS	<b>7501 PEMBROKE RD PEMBROKE PINES FL 33023</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33023</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>CHAIRMAN OF THE BOARD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DEBRUN, PHILIPPE</b>
1.3 STREET ADDRESS	<b>7501 PEMBROKE RD PEMBROKE PINES, FL 33023</b>
1.4 CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33023</b>
2.1 TITLE	<b>VICE-CHAIRMAN OF THE BOARD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VAN DEN BROEK, CHRISTOPHE</b>
2.3 STREET ADDRESS	<b>7501 PEMBROKE RD PEMBROKE PINES, FL 33023</b>
2.4 CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33023</b>
3.1 TITLE	<b>PRESIDENT &amp; C.E.O.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>BERNARD, STEPHANE</b>
3.3 STREET ADDRESS	<b>7501 PEMBROKE RD. PEMBROKE PINES, FL 33023</b>
3.4 CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33023</b>
4.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DESCHAMPS, DOMINIQUE</b>
4.3 STREET ADDRESS	<b>7501 PEMBROKE ROAD PEMBROKE PINES, FL 33023</b>
4.4 CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33023</b>
5.1 TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>BRADFORD, GREGORY H.</b>
5.3 STREET ADDRESS	<b>7501 PEMBROKE RD. PEMBROKE PINES, FL 33023</b>
5.4 CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33023</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, or on an attachment with an address.

SIGNATURE: *[Signature]* **Stephane Bernard** 7/8/98 (954) 833-1410  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/98)