

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000004866 (7)**

1. Corporation Name

AIRLINE EQUIPMENT SERVICES, INC.



Principal Place of Business

Mailing Address

**31 PLAINFIELD AVE
ELMONT NY 11003
US**

**31 PLAINFIELD AVE
ELMONT NY 11003
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

23 3800 HAMPTON ROAD

26 3800 HAMPTON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 OCEANSIDE, NY

28 OCEANSIDE, NY

24 Zip

25 Country

29 Zip

30 Country

24 11572

25 NASSAU

29 11572

30 NASSAU

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VALDMESO, RIQUE
7330 NW 12TH ST., STE 108
MIAMI FL 33126**

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

X
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PCD** ☐ DELETE
NAME **NICHOLAS, ALEX**
STREET ADDRESS **82 HEGEMANS LANE**
CITY-ST-ZIP **BROOKVILLE NY**

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

TITLE **S** ☐ DELETE
NAME **RAPOSO, ANA**
STREET ADDRESS **33 CARNATION AVE**
CITY-ST-ZIP **FLORAL PARK NY**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

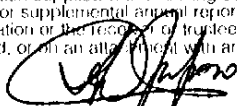
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 registered agent 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 in an attachment with an address.

SIGNATURE: **X**



ANA RAPOSO

4/27/98

516-764-9050

CP2E034 (10/97)