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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000004072 (1)

INTERNATIONAL AIRCRAFT EXPORT CORP.

Principal Place of Business Mailing Address

FILED Mar 24 1998 8:00am Secretary of State



1000 PRIME PLACE		1000 PRIME PLACE			
HAUPPAUGE NY 11788		HAUPPAUGE NY 11788		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				08/04/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For	
21		26		11-2582576 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22		27		Fee Required	
City & State	-	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30. Yes X No	
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
NATIONAL CORPORATE RESEARCH LTD INC 81 Name					
1406 HAYS ST #2			82 Si	Street Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301					
			[83]		
			84 C	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					
SIGNATURE	Signature, typed or printed name of registered a	agent and tille it applicable (NC	TE: Registered Agent sig	ignature required when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STDC	DELETE	1.1 TITLE	COS Change Addition	
NAME	Kirshbaum, Harry		1.2 NAME	KIRSHBAUM MARTY	
STREET ADDRESS	1000 PRIME PLACE		1.3 STREET ADD	· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	HAUPPAUGE NY 11788		1.4 CITY - ST - ZII	# HAUPPAUGE NY 11788,	
TITLE	P	DELETE	2.1 TITLE	Change L Addition	
NAME	D ESTEFANO, ARTHUR C		2.2 NAME	DESTEFANO, Arthur C.	
STREET ADDRESS	1000 PRIME PLACE		2.3 STREET ADD		
CITY-ST-ZIP	HAUPPAUGE NY 11788		2. 4 CITY-ST-ZI		
TITLE	- 	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME			3.2 NAME	MORLEY DANIEL DRESS 1000 PRIME PLACE	
STREET ADDRESS			3.3 STREET ADD	DRESS 1000 PRIME PLACE	
CITY-ST-ZIP			3.4. CITY - ST - ZI	1	
TITLE		DELETE	4.1 TITLE	Change Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADD	DRESS	
CHY-ST-ZIP			4.4 C(TY-ST-ZII	IP :	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADD	DRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZII	IP	
TITLE	1	☐ DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS	•		6.3 STREET ADD	DRESS	
			6.4 CITY - ST - ZII		
CITY-ST-ZIP			0.4 0(1) - 31*20	" Control of Control o	

Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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.