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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000004072 1. Corporation Name

INTERNATIONAL AIRCRAFT EXPORT CORP.

May 05, 1999 8:00 am Secretary of State

05-05-1999 90130 033 ***150.00



Principal Place	e of Business	Mailing Address						
1000 PRIME PL	ACE	1000 PRIME PLACE						
HAUPPAUGE NY 11788		HAUPPAUGE NY 11788			DO NOT WRIT	E IN THIS SE	PACE	
					3. Date Incorporated or Qualifed	_ ,,, ,,,,,,		<u></u>
					08/04/1997			
Principal Place of Business 2a. Mailing Address					4, FEI Number		Ani	plied For
	Tace of Business	⊢ ,						Applicable
21		26		11-2582576		\$8.75 A		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		ee Re		
22		City & State			a Shakar Garasian Singanian			
City & State		City & State	Limited 1		Election Campaign Financing Trust Fund Contribution	paign Financing \$5.00 May Be		
23	Country	28 7in				at veer letens		01663
Zip Country					8. This corporation owes the current year Intangible Personal Property Tax			
24	. 25		<u> </u>		Personal Property Tax. 10. Name and Address of New Re			
-	9. Name and Address of Currer	t Registered Agent	8	1 Name	10. Name and Address of New No	egistered Ag	CIIX	
BIAT	IONAL CORPORATE RESEARCH	LTD INC	"					
INAT	HAYS ST #2	Correction	8	2 Street Addr	ess (P.O. Box Number is Not Acceptate	ole)	7	
1406	ALLACCEE EL 20204		/_		O HAVS STREET	ST#	<u> </u>	
IALI	LAHASSEE FL 32301		8	3				
			8	4 City			85 Zip C	Code
				,		FL		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the abo	ve-named corp	poration submits this statement for the p	ourpose of cha	anging its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was auti itions of, Section 607.0505, Florid	nonzed b a Statute	y the corporations.	on's board of directors. I hereby accept	the appoint	ieiii as ieļ	Jistereu
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	egistered Ag	gent signature require		DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			
TITLE	CDS	☐ DELETE	1.1 TITLE	<u> </u>		L	_ Change	Addition
NAME	KIRSHBAUM, HARRY		1.2 NAME	E				
STREET ADDRESS	1000 PRIME PLACE	1.3 ST		ET ADDRESS				
CITY-ST-ZIP	HAUPPAUGE NY 11788		1.4 CITY-	-ST-ZIP				
TITLE	PD	☐ DELETE	2.1 TITLE	·] Change	Addition
NAME	DESTEFANO, ARTHUR C		2.2 NAME	<u> </u>				
STREET ADDRESS	ODINE OLLOS		2.3 STRE	EET ADDRESS				
	HAUPPAUGE NY 11788		2. 4 CITY					
CITY-ST-ZIP	T	☐ DELETE	3.1 TITLE				Change	Addition
			3.2 NAME					
NAME	MORLEY, DANIEL							
STREET ADDRESS				ETADORESS				
CITY-ST-ZIP	HAUPPAUGE NY 11788	☐ DELETE	3.4. CITY				Change	☐ Addition
TITLE			4.1 TITLE	1				
NAME	<u> </u>		4. 2 NAM					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 C/TY-ST-ZIP				7.05	/ A 4400 -
TITLE		☐ DELETE	5.1 TITLE			L	Change	☐ Addition
NAME			52 NAME					
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE	: [Change	Addition
NAME			6.2 NAMI	E				
			6.3 STRE	EET ADDRESS				
STREET ADDRESS	<i>C</i>		6.4 CITY	i				
I CITY-ST-ZIP	1		■ 0.7 O([].	0 , ZII				

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, with all other like empowered.

SIGNATURE