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04-20-1999 90155 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000003390

1. Corporation Name
AEROCOPT'AIR INC.

Principal Place of Business
% LEON CONSTANTIN AND CO.
575 MADISON AVE. 25TH FLOOR
NEW YORK NY 10022-2511

Mailing Address
% LEON CONSTANTIN AND CO.
575 MADISON AVE. 25TH FLOOR
NEW YORK NY 10022-2511

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 c/o Chastang, Ferrell
Suite, Apt. #, etc.
22 102
City & State
23 Winter Park, FL
Zip 24 32789 Country 25 USA

2a. Mailing Address
26 1400 W. Fairbanks Ave.
Suite, Apt. #, etc.
27 102
City & State
28 Winter Park, FL
Zip 29 32789 Country 30 USA

3. Date Incorporated or Qualified
06/15/1998

4. FEI Number
59-3495751
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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DEVERS, JEAN-LUC
501 HERNDON AVE, SUITE D
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name Mia Thomas
82 Street Address (P.O. Box Number is Not Acceptable)
c/o Chastang, Ferrell, Sims & Eisenman
83 1400 W. Fairbanks Ave. Suite 10
84 City Winter Park FL 85 Zip Code 32789

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 Mia A Thomas 1/18/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☒ DELETE
NAME	CASSEGRAIN, JEAN-FRANCOIS	
STREET ADDRESS	LANE DES MARNES 92430, MARNES LA COQUETTE	
CITY-ST-ZIP	FRANCE	
TITLE	V	☒ DELETE
NAME	DEVERS, JEAN-LUC	
STREET ADDRESS	RUE BEETHOVEN 78340 LES CLAYES SOUS LOIS	
CITY-ST-ZIP	FRANCE	
TITLE	T	☐ DELETE
NAME	VORBURGER, JEAN-LOUIS	
STREET ADDRESS	575 MADISON AVE, 25TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022-2511	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 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: X [signature] President 14 April 1999
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DATE