SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortnam ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # G69505 UNITECH AIRCRAFT SERVICE INC. Principal Place of Business Mailing Address 1020 N.W. 62ND STREET 1020 N.W. 62ND STREET #10 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 3. Date Incorporated or Qualified 3a. Date of Last Report <u>10/12/1983</u> 01/26/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2336091 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zin Country 8. This corporation has liability for intangible tax under s. 199.032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GIL. FELIX 8860 S.W. 24TH PLACE 82 Street Address (P.O. Box Number is Not Acceptable) MIRAMAR FL 33025 83 84 Crty 85 Zip Code and 607, 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered for four Standard was authorized by the corporation's board of directors. Thereby accept the appointment as registered by solution p07,0505, Florida Statutes. 11. Pursuant to the prooffice or registe agent I am fary FELIX SIGNATURE GIL (NOTE: Barge bried Agent signari 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)THEF DELETE 1.1 TITLE Change Addition NAME BARCENAS, ANDRES 1.2 NAME BARCENAS, ANDRES **CR2E034** 565 SW 4th CIR 117 LAKE EMERALD #309 STREET ADDRESS 1.3 STREET ADDRESS OAKLAND PARK FL CITY - ST - ZIP BOCA RAHON TITLE DELETE 2.1 THLE Addition GIL, FELIX NAME 2.2 NAME 8860 S.W. 24 PL STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-7IP MIRAMAR FL 2 4 011Y - ST - ZIP TITLE DELETE 31 1111 6 Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-SI-ZIP 34 CITY - ST - ZIP THILE DELETE 4.1 HTEE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C!TY - \$1 - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDIRESS 5.3 STHELL ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6.1 THLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 5.4 City - St - ZiP 14. I do heroby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x). Flor dia Statutus 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 office or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block manged, or on an attachment with an address uaw aceurs SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR