

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 22 AM 9:13

**DOCUMENT # G81217 (3)**

1. Corporation Name  
**FLORIDA AIRCRAFT SUPPLY, INC.**

Principal Place of Business: 6956 N.W. 51ST STREET, MIAMI FL 33166, US  
Mailing Address: 6956 N.W. 51ST STREET, MIAMI FL 33166, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1984  
3a. Date of Last Report: 04/13/1994  
4. FEI Number: 59-2402071  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 8348 NW 74 Ave. 26 8348 NW 74 Ave  
Suite, Apt. #, etc.: 22 27  
City & State: 23 Miami, FL 28 Miami FL  
Zip: 24 33166 Country: 25 USA 29 33166 30 USA

9. Name and Address of Current Registered Agent  
RODRIGUEZ, GLADYS H.  
6956 NW 51 ST  
MIAMI FL 33166

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): 8348 NW 74 Ave.  
83  
84 City: Miami FL 85 Zip Code: 33166

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 of 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 607.0503, Florida Statutes.  
SIGNATURE: Gladys Rodriguez DATE: 6/19/95

| 12. OFFICERS AND DIRECTORS     |                             | 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1995 |  |
|--------------------------------|-----------------------------|---|--|
| TITLE: P                       | NAME: RODRIGUEZ, GLADYS     | 1.1 TITLE:  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 6956 NW 51 ST  | CITY-ST-ZIP: MIAMI FL       | 1.2 NAME:   |  |
|                                |                             | 1.3 STREET ADDRESS: 8348 NW 74 AVE                      |  |
|                                |                             | 1.4 CITY-ST-ZIP: Miami, FL.                             |  |
| TITLE: VP                      | NAME: HOLDER, GLADYS M.     | 2.1 TITLE:  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 6956 NW. 51 ST | CITY-ST-ZIP: MIAMI FL       | 2.2 NAME:   |  |
|                                |                             | 2.3 STREET ADDRESS: 8348 N.W. 74 AVE                    |  |
|                                |                             | 2.4 CITY-ST-ZIP:  |  |
| TITLE: S                       | NAME: DOS SANTOS, TERESA M. | 3.1 TITLE:  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 6956 NW 51 ST  | CITY-ST-ZIP: MIAMI FL       | 3.2 NAME:   |  |
|                                |                             | 3.3 STREET ADDRESS: Delete                              |  |
|                                |                             | 3.4 CITY-ST-ZIP:  |  |
| TITLE:                         | NAME:                       | 4.1 TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS:                | CITY-ST-ZIP:                | 4.2 NAME:   |  |
|                                |                             | 4.3 STREET ADDRESS:                                     |  |
|                                |                             | 4.4 CITY-ST-ZIP:  |  |
| TITLE:                         | NAME:                       | 5.1 TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS:                | CITY-ST-ZIP:                | 5.2 NAME:   |  |
|                                |                             | 5.3 STREET ADDRESS:                                     |  |
|                                |                             | 5.4 CITY-ST-ZIP:  |  |
| TITLE:                         | NAME:                       | 6.1 TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS:                | CITY-ST-ZIP:                | 6.2 NAME:   |  |
|                                |                             | 6.3 STREET ADDRESS:                                     |  |
|                                |                             | 6.4 CITY-ST-ZIP:  |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 checked, or on an attachment with an address.

SIGNATURE: Gladys Rodriguez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: GLADYS RODRIGUEZ  
Date: (305) 885-7607  
Filing Fee: \$

CR2E034 (3/95)