

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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H23656**

(2)

1. Corporation Name

AIRCRAFT INTERIOR DESIGN, INC.

Principal Place of Business

**13000 NW 38TH AVE
P.O. BOX 52-2531
OPA LOCKA FL 33054
US**

Mailing Address

**POST OFFICE BOX 52 2752
P.O. BOX 52-2531
MIAMI FL 33152-752
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1984

4. FEI Number

59-2449132

Applied For

Not Applicable

5. Certificate of Status Desired

☒ Yes

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ No

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**CATLIN, H. JAMES, JR.
169 EAST FLAGLER STREET
SUITE 1700
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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: typed or printed name of registered agent and the, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

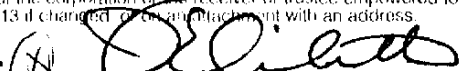
TITLE	P	☒ DELETE
NAME	COSTA, JOHN C	
STREET ADDRESS	248 NW 81ST TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	C	☒ DELETE
NAME	QUEVEDO, BENITO	
STREET ADDRESS	301 COSTA BRAVA CT	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S	☒ DELETE
NAME	QUEVEDO, DAMARIS	
STREET ADDRESS	5437 SW 148 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☒ DELETE
NAME	QUEVEDO, MARTHA P	
STREET ADDRESS	301 COSTA BRAVA CT	
CITY-ST-ZIP	CORAL GABLES FL	
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	DIRECTOR, CEO, CHAIRMAN	☐ Change ☒ Addition
2.2 NAME	DALE S. BAKER	
2.3 STREET ADDRESS	2200 NW 84TH AVE	
2.4 CITY-ST-ZIP	MIAMI FL 33172	
3.1 TITLE	VP, S, T, CFO	☐ Change ☒ Addition
3.2 NAME	JOSEPH E. CIVILETTI	
3.3 STREET ADDRESS	2200 NW 84TH AVE	
3.4 CITY-ST-ZIP	MIAMI FL 33172	
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 by attachment with an address.

SIGNATURE



5/27/98

CR2E034 (10/97)