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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

DOCUMENT # H23656 (2)

1. Corporation Name
AIRCRAFT INTERIOR DESIGN, INC.

Principal Place of Business	Mailing Address
13000 NW 38TH AVE P.O. BOX 52-2531 OPA LOCKA FL 33054 US	POST OFFICE BOX 52 2752 P.O. BOX 52-2531 MIAMI FL 33152-752 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/02/1984	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2449132	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ NO	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$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	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	1.1 TITLE		☐ Change ☑ Addition
NAME	COSTA, JOHN C		1.2 NAME		
STREET ADDRESS	248 NW 81ST TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	C	☑ DELETE	2.1 TITLE	DIRECTOR, CEO CHAIRMN	☐ Change ☑ Addition
NAME	QUEVEDO, BENITO		2.2 NAME	DALE S. BAKER	
STREET ADDRESS	301 COSTA BRAVA CT		2.3 STREET ADDRESS	2200 NW 84TH AVE	
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	MIAMI FL 33172	
TITLE	S	☑ DELETE	3.1 TITLE	VP, S, T, CFO	☐ Change ☑ Addition
NAME	QUEVEDO, DAMARIS		3.2 NAME	JOSEPH E. CIVILETTO	
STREET ADDRESS	5437 SW 148 CT		3.3 STREET ADDRESS	2200 NW 84TH AVE	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI FL 33172	
TITLE	T	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	QUEVEDO, MARTHA P		4.2 NAME		
STREET ADDRESS	301 COSTA BRAVA CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 added on an attachment with an address.

SIGNATURE: (X) _____ 5/27/98