

|   |                         |   |                |
|---|-------------------------|---|----------------|
| <b>DOCUMENT # H29248</b>  |                         |   |                |
| 1. Entity Name  |                         |   |                |
| <b>AIR &amp; ENERGY SERVICES, INC.</b>  |                         |   |                |
| Principal Place of Business   |                         | Mailing Address   |                |
| 14900 S.W. 86TH AVENUE<br>MIAMI FL 33158  |                         | 14900 S.W. 86TH AVENUE<br>MIAMI FL 33158-1925   |                |
| 2. Principal Place of Business  |                         | 3. Mailing Address  |                |
| Suite, Apt. #, etc.   |                         | Suite, Apt. #, etc.   |                |
| City & State  |                         | City & State  |                |
| Zip   | Country                 | Zip   | Country        |
| 6. Name and Address of Current Registered Agent   |                         |   |                |
| AGUILAR, APOLINAR, JR.<br>14900 S.W. 86TH AVENUE<br>MIAMI FL 33158  |                         |   | Name           |
|   |                         |   | Street Address |
|   |                         |   |                |
|   |                         |   | City           |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.   |                         |   |                |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>   |                         |   |                |
| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>   |                         | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> |                |
| 11. OFFICERS AND DIRECTORS  |                         |   |                |
| TITLE   | DP                      | <input type="checkbox"/> Delete   |                |
| NAME  | AGUILAR, APOLINAR, JR.  |   |                |
| STREET ADDRESS  | 14900 S W 86TH AVE      |   |                |
| CITY-ST-ZIP   | MIAMI FL                |   |                |
| TITLE   | DV                      | <input type="checkbox"/> Delete   |                |
| NAME  | ROSALINA, RAMOS AGUILAR |   |                |
| STREET ADDRESS  | 14900 S.W. 86TH AVENUE  |   |                |
| CITY-ST-ZIP   | MIAMI FL                |   |                |
| TITLE   |                         | <input type="checkbox"/> Delete   |                |
| NAME  |                         |   |                |
| STREET ADDRESS  |                         |   |                |
| CITY-ST-ZIP   |                         |   |                |
| TITLE   |                         | <input type="checkbox"/> Delete   |                |
| NAME  |                         |   |                |
| STREET ADDRESS  |                         |   |                |
| CITY-ST-ZIP   |                         |   |                |
| TITLE   |                         | <input type="checkbox"/> Delete   |                |
| NAME  |                         |   |                |
| STREET ADDRESS  |                         |   |                |
| CITY-ST-ZIP   |                         |   |                |
| TITLE   |                         | <input type="checkbox"/> Delete   |                |
| NAME  |                         |   |                |
| STREET ADDRESS  |                         |   |                |
| CITY-ST-ZIP   |                         |   |                |
| 12.   |                         |   |                |
| TITLE   |                         |   |                |
| NAME  |                         |   |                |
| STREET ADDRESS  |                         |   |                |
| CITY-ST-ZIP   |                         |   |                |
| TITLE   |                         |   |                |
| NAME  |                         |   |                |
| STREET ADDRESS  |                         |   |                |
| CITY-ST-ZIP   |                         |   |                |
| TITLE   |                         |   |                |
| NAME  |                         |   |                |
| STREET ADDRESS  |                         |   |                |
| CITY-ST-ZIP   |                         |   |                |
| 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 601.1 of the Florida Statutes, and that the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 601, Florida Statutes, changed, or on an attachment with an address, with all other like empowered. |                         |   |                |
| SIGNATURE: <i>Apollinar D. Aguilar Jr.</i>  |                         |   |                |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                         |   |                |

2.16.2000 (305) 824-2260