

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90053 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K50524

1. Corporation Name
AEROSERVICE, INC.



Principal Place of Business 5002 NW 36TH ST MIAMI FL 33166 US	Mailing Address P.O. BOX 520782 MIAMI FL 33152 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3814 Curtiss Parkway		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/08/1988	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0094229	
City & State 23 Virginia Gardens FL		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33166		Country 25 US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SACK, SAUL J 5002 N.W. 36 STREET MIAMI FL 33152		10. Name and Address of New Registered Agent 81 Name Saul J. Sack 82 Street Address (P.O. Box Number is Not Acceptable) 3814 Curtiss Parkway 83 84 City Virginia Gardens FL 85 Zip Code 33166	
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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 Saul J. Sack Saul J. Sack Secretary 4/27/99
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PC	NAME LA FORGIA, VITO M	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME 3814 Curtiss Parkway
STREET ADDRESS 5002 NW 36TH STREET	CITY-ST-ZIP MIAMI FL 33152	1.3 STREET ADDRESS 3814 Curtiss Parkway	1.4 CITY-ST-ZIP Virginia Gardens FL 33166
TITLE S	NAME SACK, SAUL J	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME 3814 Curtiss Parkway
STREET ADDRESS 5002 N.W. 36 STREET	CITY-ST-ZIP MIAMI FL 33152	2.3 STREET ADDRESS 3814 Curtiss Parkway	2.4 CITY-ST-ZIP Virginia Gardens FL 33166
TITLE AS,	NAME LAFORGIA, LUCREZIA	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME 3814 Curtiss Parkway
STREET ADDRESS 5002 NW 36TH STREET	CITY-ST-ZIP MIAMI FL 33152	3.3 STREET ADDRESS 3814 Curtiss Parkway	3.4 CITY-ST-ZIP Virginia Gardens FL 33166
TITLE AST	NAME LA FORGIA, ANTHONY	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME 3814 Curtiss Parkway
STREET ADDRESS 5002 NW 36TH STREET	CITY-ST-ZIP MIAMI FL 33152	4.3 STREET ADDRESS 3814 Curtiss Parkway	4.4 CITY-ST-ZIP Virginia Gardens FL 33166
TITLE <input type="checkbox"/> DELETE	NAME <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> DELETE	CITY-ST-ZIP <input type="checkbox"/> DELETE	5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	NAME <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> DELETE	CITY-ST-ZIP <input type="checkbox"/> DELETE	6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE Saul J. Sack Saul J. Sack 4/27/99 305-871-5577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)