


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

**FILED**

**Apr 29 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																					
<b>DOCUMENT # L16314 (1)</b> 1. Corporation Name <b>NATIONAL AIR GROUND SUPPORT, INC.</b>																									
Principal Place of Business <b>2525 NW 72ND AVENUE</b> <b>MIAMI FL 33122</b> <b>US</b>			Mailing Address <b>9990 S.W. 77TH AVENUE</b> <b>SUITE 330</b> <b>MIAMI FL 33156-2661</b>																						
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>09/18/1989</b> 3a. Date of Last Report <b>03/05/1996</b> 4. FEI Number <b>65-0372793</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No																					
9. Name and Address of Current Registered Agent <b>MARGOLIS, JOHN A ESQ.</b> <b>9990 S.W. 77TH AVE.</b> <b>SUITE 330</b> <b>MIAMI FL 33156-2669</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____																									
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: center;"> <input type="checkbox"/> DELETE       </td> </tr> <tr> <td></td> <td><b>PD MILLON, ERNESTO</b></td> <td><b>2525 NW 72ND AVENUE</b></td> <td><b>MIAMI FL</b></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE		<b>PD MILLON, ERNESTO</b>	<b>2525 NW 72ND AVENUE</b>	<b>MIAMI FL</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">11 TITLE</td> <td style="width:40%;">12 NAME</td> <td style="width:30%;">13 STREET ADDRESS</td> <td style="width:10%;">14 CITY - ST - ZIP</td> <td style="width:10%; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF BRINING OFFICER OR DIRECTOR

**Ernesto Millon**

**4/21/97**

**305/599-2661**

Date

Daytime Phone #

0213998

CR2E034 (9/96)