

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

FILED

**Apr 29 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 # L34424 (6)
1. Corporation Name
FIRST AERO SALES CORPORATION



Principal Place of Business % RICHARD A. ASPER 1575 N W COMMERCIAL BLVD HANGER 35B FT LAUDERDALE FL 33309	Mailing Address % RICHARD A. ASPER 1575 N W COMMERCIAL BLVD HANGER 35B FT LAUDERDALE FL 33309
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/30/1989

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	4. FEI Number 65-0165232	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ASPER, RICHARD A. 1575 N W COMMERCIAL BLVD HANGER 35B FT LAUDERDALE FL FL 33309	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
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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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	NAME ASPER, RICHARD A.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1575 W COMMERCIAL BLVD.	CITY-ST-ZIP FT LAUDERDALE FL	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	NAME JOHANNSEN, OSCAR	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1575 W. COMMERCIAL BLVD.	CITY-ST-ZIP FT. LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MD	NAME CANDIA, MIGUEL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1575 W COMMERCIAL BLVD.	CITY-ST-ZIP FT. LAUDERDALE FL	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD	NAME SMITH, WARD	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1576 W COMMERCIAL BLVD	CITY-ST-ZIP FT LAUDERDALE FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	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 if changed, or on an attachment with an address.

SIGNATURE _____ DATE **APRIL 20 1998**

CR2E034 (10/97)