


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

FILED  
May 08 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L57576 (5)**  
1. Corporation Name  
**AEROPARTS, USA, INC.**

Principal Place of Business	Mailing Address
210 N. UNIVERSITY DR. STE 502 CORAL SPRINGS FL 33077-1210 US	210 N. UNIVERSITY DR. STE 502 CORAL SPRINGS FL 33077-1210 US

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>26</b>	
Suite, Apt #, etc.		Suite, Apt #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip	Country	Zip	
<b>24</b>	<b>25</b>	<b>29</b>	

**DO NOT WRITE IN THIS SPACE**

**3.** Date Incorporated or Qualified  
**03/09/1990**

**4.** FEI Number **65-0179733**

	Applied For
	Not Applicable

**5.** Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**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

HERNANDEZ, DAVID S  
210 UNIVERSITY DRIVE  
STE 502  
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12.		OFFICERS AND DIRECTORS
TITLE	VD	<input type="checkbox"/> DELETE
NAME	OTT, PAUL E.	
STREET ADDRESS	210 N. UNIVERSITY DR., STE 502	
CITY - ST - ZIP	CORAL SPRINGS FL 33071	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SEQUEIRA, MARTHA	
STREET ADDRESS	210 N. UNIVERSITY DR., STE 502	
CITY - ST - ZIP	CORAL SPRINGS FL 33071	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALBERT E. OTT III	
STREET ADDRESS	210 N. UNIVERSITY DR., STE 502	
CITY - ST - ZIP	CORAL SPRINGS FL 33071	
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		

13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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 a new address.

SIGNATURE: William J. Holt III 4/29/98

CR2E034 (10/97)