

GOOD NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M14125
 Corporation Name

NATIONAL AVIATION SERVICES, INC.

FILED
 00 JAN 10 AM 10:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 99-2000

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
N.W. 145TH STREET LOCKA AIRPORT. BLDG. 35 FL 33054		4051 N.W. 145TH STREET OPA LOCKA AIRPORT. BLDG. 35 MIAMI FL 33054	
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
25		29	30
3. Date Incorporated or Qualified		4. FEI Number	
04/15/1985		59-2524705	
5. Certificate of Status Desired		Applied For	
<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> Not Applicable	
6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
<input type="checkbox"/>		<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MARTIN, GERALD A ESQUIRE
 2304 SOUTH MILITARY TRAIL
 SUITE 100
 WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name Michael R Bass, Esq.
 82 Street Address (P.O. Box Number is Not Acceptable) 600 S. Andrews Ave 6th Fl
 83 City
 84 Ft Lauderdale FL 85 Zip Code 33301

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 Michael R Bass DATE 12/28/99
 Signature of officer or director of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPTS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ALEXANDER	1.2 NAME	
STREET ADDRESS	4051 N.W. 145 ST., BLDG. 35	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33054	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. 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: Alexander Rodriguez PRESIDENT 01-06-00 (305) 898-0077