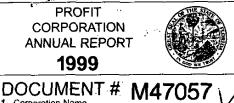
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 21, 1999 8:00 am Secretary of State

07-21-1999 90010 009 ***550.00



AVIATION PROFESSIONAL SERVICES, INC. Mailing Address

Principal Place of Business P.O. BOX 521738 2517 NW 74 AVE MIAMI FL 33152 MIAMI FL 33122 DO NOT WRITE IN THIS SPACE LIS US 3. Date Incorporated or Qualifed 02/23/1987 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 8051 NW 36 ptreet 65-0040286 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired #60 Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing miami Added to Fees Trust Fund Contribution 28 23 Country Country Zip 8. This corporation owes the current year Intangible USA 3316G Personal Property Tax. □No 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Mendez, Michael 81 MENDEZ, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 11864 SW 99 STREET **MIAMI FL 33186** 83 Suite # 607 84 City mami 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. ☐ Change Addition ☐ DELETE 1.1 TITLE TITLE wieheld MENDEZ, MICHAEL 1.2 NAME NAME 1062 SW 156 TERR 1.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 14 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP Addition DELETE Change 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS

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 deceiver/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, with all other like empowered.

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

6.3 STREET ADDRESS

61 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

☐ Addition

CR2E034 (11/98)