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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M53937 (2)
1. Corporation Name
AVIATION EQUIPMENT SUPPORT, INC.



Principal Place of Business Mailing Address
C/O NATHAN I. LEDER C/O NATHAN I. LEDER
3309 NW 74TH AVE 3309 NW 74TH AVE
MIAMI FL 33122 MIAMI FL 33122-1229

3. Date Incorporated or Qualified 06/16/1987 3a. Date of Last Report 01/24/1996

2. Principal Place of Business 2a. Mailing Address
21 3309 NW 74th AVE. 26 3309 NW 74th AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 65-0012256 Applied For Not Applicable

22 City & State 27 City & State
23 Miami, FL 33122 28 Miami, FL

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

24 Zip 25 Dade 29 Zip 30 Dade

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
LEDER, NATHAN I.
444 BRICKELL AVE.
1050 RIVERGATE PLAZA
MIAMI FL 33131

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

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
TITLE DP
NAME SANTEIRO, ANTONIO
STREET ADDRESS 9631 SW 147 STREET
CITY-ST-ZIP MIAMI FL
[] DELETE
[] DELETE
[] DELETE
[] DELETE
[] DELETE
[] DELETE
[] DELETE
[] DELETE
[] DELETE
[] DELETE

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

14. I do 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, on an attachment with an address.

SIGNATURE: [Signature] 1/17/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)