

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

FILED
Jan 15 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 # M53937 (2)

1. Corporation Name
AVIATION EQUIPMENT SUPPORT, INC.



Principal Place of Business 3309 NW 74TH AVE. 3309 NW 74TH AVE MIAMI FL 33122 US	Mailing Address 3309 NW 74TH AVE. 3309 NW 74TH AVE MIAMI FL 33122 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. 25.	29. 30.

3. Date Incorporated or Qualified
06/16/1987

4. FET Number
65-0012256

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

**LEDER, NATHAN I.
 444 BRICKELL AVE.
 1050 RIVERGATE PLAZA
 MIAMI FL 33131**

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 **FL**

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 registrant (if person) and title (if applicable) (NOTE: Registered Agent's signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTEIRO, ANTONIO	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9631 SW 147 STREET	1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	2.2 NAME
STREET ADDRESS	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	3.2 NAME
STREET ADDRESS	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	4.2 NAME
STREET ADDRESS	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	5.2 NAME
STREET ADDRESS	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	6.2 NAME
STREET ADDRESS	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
CITY-ST-ZIP	<input type="checkbox"/> DELETE	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 alternate block with an address.

SIGNATURE: *[Signature]* 1/15/98 305-591-8660

CR2E034 (10/97)