File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State FILED 1999 DIVISION OF CORPORATIONS 99 MAR 19 PM 3: 10 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000000213** 1a. Principal Place of Business Address AMERICAN AIR GROUP L.L.C. 5450 NORTHWEST 33RD AVENUE, SUITE 108 5450 NORTHWEST 33RD AVENUE, FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 03/02/1998 NV Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 91-1890311 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Ζιρ Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name KHAN, FATEH M 5450 NORTHWEST 33RD AVENUE, SUITE 10% Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33309 1000002824491-- 03/30/93 -- 01/100-1015 Suite, Apt. #, etc. ****188.75 ****188.75 Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE __ (Registered Agent Averaging Approintment) (NOTE Registered Agent signature required when remarking 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR KHAN, FATEH M 5450 NORTHWEST 33RD AVENUE FORT LAUDERDALE FL 7.25-99 11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutos. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

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SIGNATURE: `

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SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGING

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