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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

GLOBAL AIR SPARES, INC. Principal Place of Business Mailing Address **% HANNA KHOURY** P.O BOX 526205 4520 NW 73 AVENUE MIAMI FL 33152-6205 MIAMI FL 33166 3. Date Incorporated or Qualified

DO NOT WRITE IN THIS SPACE 09/13/1988 2. Principal Place of Business 2a. Majling Address 4. FEI Number Applied For M,W. 2822 526205 P.O. BOX 65-0073025 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be  $\mathcal{F}\ell$  . MIAMI MIAMI Trust Fund Contribution Added to Fees 28 Zip 3 Country Country 6. This corporation owes or has paid the current year Intangible 33/52 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KHOURY, HANNA 4520 NW 73 AVENUE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** 83 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** Signature, typed or printed name of registered agont and tried applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE KHOURY, HANNA KHOURY, HANNA NAME 1.2 NAME 1001 BELLA VISTA AVE 1451 CORUNA AVENUE STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP CORAL GABLES DELETE Change Addition 2.1 TITLE TITLE KHOURY, ANTON NAME 2.2 NAME 11440 SW 102ND STREET 2.3 STREET ADDRESS STREET ADDRESS MIAM! FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition 4 1 TITLE TITLE 4. 2 NAME 4.3 STREFT ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 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 attachment with an address.

4/14/98

**FILED** 

Apr 23 1998 8:00am

Secretary of State