2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 21, 2001 08:00 AM DOCUMENT # P0000016709 1. Entity Name **Secretary of State** A & F AIRCRAFT PARTS INC. Principal Place of Business Mailing Address 2131 MADEIRA DRIVE 2131 MADEIRA DRIVE WESTON FLWESTON FL 33327 33327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1001470 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NORENA ALEXANDER 7400 STIRLING ROAD Street Address (P.O. Box Number is Not Acceptable) APARTMENT 1611 HOLLYWOOD FL33024 US Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 01/21/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TRES ☐ Delete TITLE X Addition ☐ Change MAME BONILLA NAME FABIAN STREET ADDRESS STREET ADDRESS 2131 MADEIRA DR CITY-ST-ZIP CITY-ST-ZIP WESTON ☐ Delete TITLE SEC ☐ Change X Addition NAME NAME NORENA ALEXANDER STREET ADDRESS STREET ADDRESS 2131 MADEIRA DR CITY-ST-ZIP CITY-ST-ZIP WESTON FL33327 ☐ Delete TITLE VP ☐ Change X Addition NAME BONILLA FABIAN STREET ADDRESS STREET ADDRESS 2131 MADEIRA DR CITY-ST-ZIP CITY-ST-ZIP WESTON FL. 33327 ☐ Delete TITLE PRES X Addition Change NAME NORENA ALEXANDER STREET ADDRESS STREET ADDRESS 2131 MADEIRA DR CITY-ST-ZIP CITY-ST-ZIP WESTON 33327 FLTITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: Alexander Norena
pres
01/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

res 01/21/2001 Date

Daytime Phone #

CR2E034 (11/00)