

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90138 011 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

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<b>DOCUMENT # P01000009376</b>			
1. Entity Name <b>INTERNATIONAL AIR SUPPORT, INC.</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <b>10654 S.W. 186TH Ln</b> Suite, Apt. #, etc.		3. Mailing Address <b>11601 S.W. 152 Ct.</b> Suite, Apt. #, etc.	
City & State <b>MIAMI, FL.</b>		City & State <b>MIAMI, FL.</b>	
Zip <b>33157</b>	Country <b>USA</b>	Zip <b>33196</b>	Country <b>USA</b>
<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number <b>65-1070597</b>	
		Applied For <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <input checked="" type="checkbox"/> <b>Not Applicable</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		5. Certificate of Status Desired <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			
Name <b>SAMUEL A PIZARRO SANTANDER</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>10885 S.W. 153Rd AVENUE</b>			
City <b>MIAMI</b>		Zip Code <b>FL 33196</b>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SAMUEL A PIZARRO SANTANDER 10885 S.W. 153Rd AVENUE MIAMI, FL. 33196	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JAQUELINE C O RIVEROS 10885 S.W. 153Rd AVENUE MIAMI, FL. 33196	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RODRIGO GONZALEZ 11601 S.W. 152Ct. MIAMI, FL. 33196	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTA RUIZ 11601 S.W. 152 Ct. MIAMI, FL. 33196	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<b>DO NOT WRITE IN THIS SPACE</b>			
12. 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date <b>3/28/03</b> Daytime Phone # <b>205 7907794</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034B (12/02)