2002 UNIFORM BUSINESS REPORT (UBR) FILED Mar 25, 2002 8:00 am

DOCUMENT # P01000010421 1. Entity Name R D AVIATION SERVICES INC.					Secretary of State			20 AV
Principal Plac 9805 NW 52NI MIAMI FL 3317) ST., APT. 312	Mailing Address 9805 NW 52ND ST., APT. 31 MIAMI FL 33178	12]				
	lace of Business LUW 13 STREET #, etc.	3. Mailing Address 3734 ww (Suite, Apt. #, etc.	3 STREE	ET		RITE IN THIS SPACE		
City & State	MIAMI FL	City & State MIAMI	FL	4.	FEI Number 65-/07 4	078	Applied For Not Applicable	
Zip 3317	26 DADE US	Zip. 33126	Country————————————————————————————————————	USA 5.	Certificate of Status Desired	\$8.75 / Fee Requ		
REYES, FF	6. Name and Address of Current R RANK 52ND ST., APT. 312	egistered Agent	Name Street A	7. REYE ddress (P.O.	Box Number is Not Accepta	EET	pde 26	
8. The above		RANK REYES		registered a	gent, or both, in the State of	Florida. Feb 200	۲	
9. This corporation is eligible to satisfy its Intangible *\frac{1}{2}\text{ filing requirement and elects to do so.}}{(See criteria on back)} Comparison of the compariso				50.00	10. Election Campaign Trust Fund Contribu	· _ ~	.00 May Be led to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYES, FRANK 9805 NW 52ND ST., APT. 312 MIAMI FL 33178	Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RESE 3734	S FRANK NW. 13 STREE	Change		CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DIAZ, PAULINA 9805 NW 52ND ST., APT. 312 MIAMI FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIGH STD DIAZ, MIGH	PAULINA NO 13 STREE	Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_ g= 444,	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.1.8.1		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	e	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP "		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
indicated of the cor changed,	certify that the Information supplied with a control report or supplemental report is to poration or the receiver or trusted empty or or an attachment with an address, where the receiver or trusted empty or or an attachment with an address, where the receiver or the receiver or the receiver or the receiver of the rec	rue and accurate and that my vered to execute this report as th all other like empowered.	signature shall he s required by Cha	ave the same pter 607, Flor	legal effect as if made und ida Statutes; and that my na	er oath; that I am an offic ame appears in Block 11	er or director or Block 12 if	
SIGNAT	URE: SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER OF	DIRECTOR	765	10 FEB Zoo	02 305-5 Daytime Phone	41-473 3	1