FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 2002 May 29, 2002 8:00 am

FILED

| DOCUMENT # P01000036543 | | | | Secretary of State 05-29-2002 93592 043 ***150.00 |
|--|---|--|--|---|
| Aircraft Overhaul Group. Inc | | | | |
| DO NOT WRITE IN THIS SPACE | | | | |
| 2. Principal Place of Business 1671 S.W. 122nd Court 1671 S.W. 122nd Court | | | | |
| Suite, Apt. #, etc. E 102 Suite, Apt. #, etc. E | | | 102 | DO NOT WRITE IN THIS SPACE |
| City & Sta | ni Horida | City & State. Miami F | lorida | 4. FEI Number 65- 10 95513 Applied For Not Applicable |
| 331 ⁻⁷ | 75 Country USA | Z3 175 | Country A | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| Name John Jordan | | | | |
| DO NOT WRITE Street Address 1671 S | | | s (P.O. Box Number is Not Acceptable) # E102 | |
| | 1 | | City Mi | ami FL 23175 |
| 8. The above named entire submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. | | | | |
| SIGNATURE Sign ture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State | | | | 10. Election Campaign Financing \$5.00 May Be |
| 11. | OFFICERS AND DI | | ne to bepartment of S | idto |
| TITLE NAME | PSB John Jordan | | TITLE NAME | |
| STREET ADDRESS CITY-ST-ZIP | 1671 SW 122 COU | 175 # E102 | STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | | | TITLE NAME | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | |
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| STREET ADDRESS CITY-ST-ZIP | | | NAME STREET ADDRESS CITY-ST-ZIP | - DO-NOT-WRITE |
| TITLE NAME | | | TITLE NAME | IN THIS SPACE |
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| CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | |
| TITLE , | | | TITLE | |
| STREET ADDRESS | | | NAME STREET ADDRESS | |
| CITY-ST-ZIP | A | | CITY-ST-ZIP | |
| I hereby ce indicated of the corr | ertify that the information supplied with this on this report or supplemental report is true poration or the receiver or trusted amount | s filing does not qualify for the and accurate and that my | the exemption stated in Se y signature shall have the | ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director |

as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all others empowered to

SIGNATURE:

May-13-2002 John Jordan
DED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 299-3229