


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P27903** (4)
1. Corporation Name
INTERNATIONAL AIRLINE SUPPORT GROUP, INC.

Principal Place of Business
**8095 N.W. 64TH ST.
MIAMI FL 33166
US**

Mailing Address
**8095 N.W. 64TH ST.
MIAMI FL 33166
US**

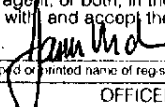


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1954 AIRPORT RD Suite, Apt. #, etc. 22 SUITE 200 City & State 23 ATLANTA GA Zip 24 30341		2a. Mailing Address 26 1954 AIRPORT RD Suite, Apt. #, etc. 27 200 City & State 28 ATLANTA GA 30341 Zip 29 30341		3. Date Incorporated or Qualified 01/29/1990		3a. Date of Last Report 04/01/1996	
				4. FEI Number 59-2223025		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION 1200 S. PINE ISLAND RD. PLANTATION FL 33324				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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  **JAMES M. ISAACSON** VP-FINANCE, TREASURER & SECRETARY 7/30/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DYER, ALEXIUS A. III			1.2 NAME	DYER, ALEXIUS A. III		
STREET ADDRESS	8095 NW 64TH ST.			1.3 STREET ADDRESS	1954 AIRPORT RD. STE 200		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	ATLANTA GA 30341		
TITLE	ST	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NORRIS, ROBERT K.			2.2 NAME	GEORGE MUELLER, III		
STREET ADDRESS	8095 N.W. 64TH ST.			2.3 STREET ADDRESS	1954 AIRPORT RD STE 200		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	ATLANTA GA 30341		
TITLE	C	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NORRIS, ROBERT K.			3.2 NAME	ISAACSON, JAMES M.		
STREET ADDRESS	8095 N.W. 64TH ST.			3.3 STREET ADDRESS	1954 AIRPORT RD STE 200		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	ATLANTA GA 30341		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUELLER, JAMES			4.2 NAME			
STREET ADDRESS	3166 PIEDMONT RD., SUITE 235			4.3 STREET ADDRESS	1954 AIRPORT RD STE 200		
CITY-ST-ZIP	ATLANTA GA			4.4 CITY-ST-ZIP	ATLANTA GA 30341		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRKLAND, KYLE			5.2 NAME			
STREET ADDRESS	11400 W. OLIMPIC BLVD., SUITE 249			5.3 STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES CA			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

CR2E034 (4/97)