FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P34877 (1)

1. Corporation Name

RACE AVIATION CORPORATION

Principal Place of Business: 8286 N.W. SOUTH RIVER DRIVE, MEDLY FL 33166

Mailing Address: 8286 N.W. SOUTH RIVER DRIVE, MEDLY FL 33166

3. Date Incorporated or Qualified: 07/26/1991

3a. Date of Last Report: 02/20/1995

4. FEI Number: 95-3889712 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business

21 7610 NW 63rd Street

22 Suite, Apt. #, etc.

23 City & State: MIAMI, FLORIDA

24 Zip: 33166

25 Country: Dade

2a. Mailing Address

26 7610 NW 63rd Street

27 Suite, Apt. #, etc.

28 City & State: MIAMI, FLORIDA

29 Zip: 33166

30 Country: Dade

9. Name and Address of Current Registered Agent

AZIMA, FARIBORZ
8386 N.W. SOUTH RIVER DRIVE
MEDLEY FL 33166

10. Name and Address of New Registered Agent

81 Name: AZIMA, FARIBORZ

82 Street Address (P.O. Box Number is Not Acceptable): 7610 NW 63rd Street

83

84 City: Miami

FL

85 Zip Code: 33166

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: FARIBORZ AZIMA V.P DATE: 1-25-96

12. OFFICERS AND DIRECTORS

TITLE	CP	[ ] DELETE
NAME	AZIMA, FARZIN	
STREET ADDRESS	10208 ENSLEY LANE	
CITY-ST-ZIP	LEAWOOD KS	
TITLE	VCV	[ ] DELETE
NAME	AZIMA, FARIBORZ	
STREET ADDRESS	4870 NW 102ND AVE #203	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	[X] DELETE
NAME	COOPER, JOSEPH L.	
STREET ADDRESS	121 NE 83RD TERRACE	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	DT	[ ] DELETE
NAME	KAVEH, KUOMARCE	
STREET ADDRESS	10736 HORTON	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE	CP	[X] Change [ ] Addition
1-2 NAME	AZIMA, FARZIN	
1-3 STREET ADDRESS	6707 W 131st Street	
1-4 CITY-ST-ZIP	Overland Park, KS 66209	
2-1 TITLE	VCV	[X] Change [ ] Addition
2-2 NAME	AZIMA, FARIBORZ	
2-3 STREET ADDRESS	7610 NW 63rd Street	
2-4 CITY-ST-ZIP	Miami, FL 33166	
3-1 TITLE		[ ] Change [ ] Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE		[ ] Change [ ] Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		[ ] Change [ ] Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		[ ] Change [ ] Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-25-96 Daytime Phone #: 913-897-8085

CR2E034 (12/95)