FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:26

DOCUMENT # **P36474** (5)

1. Corporation Name
CASA AIRCRAFT U.S.A. INCORPORATED

Principal Place of Business	Mailing Address
3810 CONCORDE PARKWAY, SUITE 1000 CHANTILLY VA 22021	3810 CONCORDE PARKWAY, SUITE 1000 CHANTILLY VA 22021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/25/1991	3a. Date of Last Report: 02/23/1994
4. FEI Number: 54-1271891	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KONKEL, QUENTIN 14980 N.W. 44TH COURT HANGAR 102, SUITE 147, 148 OPA LOCKA FL 33054	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	ALONSO, JUAN	1.2 NAME	
STREET ADDRESS	AV. ARAGON 404	1.3 STREET ADDRESS	
CITY-ST-ZIP	MADRID SP	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ALONSO, IGNACIO	2.2 NAME	
STREET ADDRESS	AV. ARAGON 404	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADRID SP	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☒ Addition
NAME	DEBERGIA, PABLO D E L E T E	3.2 NAME	PRESIDENT
STREET ADDRESS	3810 CONCORDE PKWAY 1000	3.3 STREET ADDRESS	DOUGLAS A. BACON
CITY-ST-ZIP	CHANTILLY VA	3.4 CITY-ST-ZIP	3810 Concorde Parkway # 1000 Chantilly, Va., 22021
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ROVIRA, ENRIQUE	4.2 NAME	
STREET ADDRESS	AV. ARAGON 404	4.3 STREET ADDRESS	
CITY-ST-ZIP	MADRID SP	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	TABOADA, ESPERANZA	5.2 NAME	
STREET ADDRESS	AV. ARAGON 404	5.3 STREET ADDRESS	
CITY-ST-ZIP	MADRID SP	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MUNOZ, LUIS	6.2 NAME	
STREET ADDRESS	AV. ARAGON 404	6.3 STREET ADDRESS	
CITY-ST-ZIP	MADRID SP	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)(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.

SIGNATURE: Douglas A. Bacon Douglas A. Bacon 1/27/95-703/802-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0397882 FP