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 21 AM 9:21

DOCUMENT # P93000007402 (9)

1. Corporation Name
J & D AIRCRAFT, INC.

Principal Place of Business	Mailing Address
1550 MADRUGA AVE. SUITE 110 CORAL GABLES FL 33146 US	1550 MADRUGA AVE. SUITE 110 CORAL GABLES FL 33146 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1993
3a. Date of Last Report: 06/13/1994

2. Principal Place of Business: 21 11065 GIRASOL AVENUE
Suite, Apt. #, etc. 22
City & State: 23 CORAL GABLES FL
Zip: 24 33156 Country: 25 USA

2a. Mailing Address: 26 11065 GIRASOL AVENUE
Suite, Apt. #, etc. 27
City & State: 28 CORAL GABLES FL
Zip: 29 33156 Country: 30 USA

4. FEI Number: 65-0395268 ☐ 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

9. Name and Address of Current Registered Agent

TRELLES, ALBERTO N
ONE DATRAN
9100 S. DADELAND BLVD., SUITE 1410
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 999 PONCE DE LEON BOULEVARD
83 SUITE 1000
84 City CORAL GABLES FL 85 Zip Code 33134

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 ______ NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	1 1 TITLE	☑ Change ☐ Addition
NAME	WILLIAMS, JOHN	1 2 NAME	
STREET ADDRESS	1550 MADRUGA AVE., S-331	1 3 STREET ADDRESS	11065 GIRASOL AVENUE
CITY-ST-ZIP	CORAL GABLES FL	1 4 CITY-ST-ZIP	CORAL GABLES FL 33156
TITLE	D	2 1 TITLE	☑ Change ☐ Addition
NAME	WILLIAMS, JOHN	2 2 NAME	
STREET ADDRESS	1550 MADRUGA AVE., S-331	2 3 STREET ADDRESS	11065 GIRASOL AVENUE CORAL GABLES FL 33156
CITY-ST-ZIP	CORAL GABLES FL	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ 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 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: JOHN D. WILLIAMS [signature] 2/14/95 (305) 448-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0101025 CP