SECOND I	NOTICE: CORPORATION WILL BE D ON OR BEFORE 8/7/96: \$225 (IF DISSOL	ISSOLVED ON OR AFTER VED, MINIMUM AMOUNT D	R AUGUST 7 Due to reinst	, 1996. ATE: \$375.)			
CORI ANNU	PROFIT PORATION IAL REPORT	Secret	B Mortham tary of State				
	1996		CORPORATIO	2MS			
DOCUN 1, Corporation	MENT # P930000391	.57					
AIRSPARES INTERNATIONAL, INC.							
Principal Place of Business Mailing Address							
5841 N. Powerline Road Fort Lauderdale, FL 33309 Fort Lauderdale, FL 33					309		
1010 Baddordare,					3. Date Incorporated or Qualified 06/02/1993	3a. Date of	Last Report
2. Principal Place of Business 21. 5841 N. Powerline Road 26 SAME					4, FEI Number 65-0415428		Applied For Not Applicable
Suite, Apt		Suite Apt #, etc.			5. Certificate of Status Desired	NZ1 '	1.75 Additional Fee Required
City & State		City & State			6. Flection Campaign Financing	\$	5.00 May Be
Zip Zip	Lauderdale, FL Country	Zip Laude	erdale, Countr		Trust Fund Contribution 8. This corporation has liability for		Added to Fees
24 3330) 9 25 USA g. Name and Address of Current I	29 33309 Registered Agent	30 US	SA	Florida Statutes 10. Name and Address of New Re	Yes 🔀 No	
	Robert J. Brown	3	81	Name Rober	~ · · · · · · · · · · · · · · · · · · ·	· • · · · · · · · · · · · · · · · · · ·	
82 Street Address					ss (P.O. Box Number is Not Acceptal N.E. 53th Court	ale)	
	Apt. 12B Fort Lauderdale	. FT. 33308	83				
			84	Fort 1	Lauderdale	FL 85	33308
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 un 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 a cacept the obtgations of, Section 607.0505, Florida Statutes.							
SIGNATURE.	Melling for	<u> </u>				6 - 21	1-96
12.	OFFICERS AND	DIRECTORS	13.	jert signature require.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 12
TITLE NAME	D/P Brown, Robert J.	DELETE	1.2 NAME				12
STREET ADDRESS	3240 N.E. 56th 0	Court		T ADDRESS			200
CITY-ST-ZIP TITLE	Fort Lauderdale,	FL 33308	1.4 CHY - 2.1 MILE	ST - ZIP	u		thange Addition
NAME			2 2 NAME				
STREET ADORESS CITY+ST+ZIP			2 3 STREE 2 4 CITY	- ST - ZIP			
TITLE		DELETE	3 1 TITLE				Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREE	EL ADDRESS			
CITY-ST-ZIP			34 CITY	- ST - ZIP			
THILE NAME		L DELETE	4 1 T:TLE 4 2 NAM				Change Addition
STREET ADDRESS				1 ADDRESS			
CHY-ST-ZIP		DELETE	4.4 CITY -	ST-ZIP			Change Addition
TITLE NAME		LJ DELETE	5 1 TITLE 5 2 NAME			L., '	analigis
STREET ADDRESS			53STREE	ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5 4 CITY - 6 1 TITLE				Change Addition
NAME		<u>_</u>	6 2 NAME		10000188 -07/03/96010 ***233.75	33 46 1 161002	
STREET ADDRESS				ET ADDRESS	***233.75).
14. I do heret	by certify that the information supplied	with this filing is voluntarily	640IIY furnished and	does not qualif	y for the execution stated in Section	119.07(3)(k). Ela	orida Sta (1889)
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 in made under each, that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changing, or our an attachment with an address							
SIGNATURE: Robert 1 - D. W. 106/21/96 954-771-0215 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 107-107-107-107-107-107-107-107-107-107-							