FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with indicated on this annual report or supplemental an officer or director of the corporation or the receiver

Block 12 or Block 13 if changed, or on ar



ELORIDA DEPARTMENT DE STATÉ

FILED

May 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Namo P93000072338 (5)

AVIOR TECHNOLOGIES OPERATIONS, INC.

Principal Place of Business Mailing Address 12011 SW 144 STR 12011 SW 144 STR MIAM! FL 33186 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 10/19/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 14375 S.W. 119 26 65-0443042 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be MIAMI MIAMI Trust Fund Contribution 23 Added to Fees Country 8. This corporation owes or has paid the current year Intangible USA USA Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name **NEARING. MICHAEL G** 12011 **SW** 144 STR Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33186 83 84 City MIAMI 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** Signature, typod or printed name of requisions Lagrat and life if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition TITLE DPST 1.1 TITLE NAME **NEARING, MICHAEL** 1.2 NAME 14875 S.W. 119 AVE 12011 SW 144 STR STREET ADDRESS 1.3 STREET ADDRESS MIAMI MIAM! FL CITY-ST-ZIP 1.4 CITY - ST- 2IF ___ Addition DELETE Change 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-S1-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 53 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

Shiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustoe empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

20/08

200/255-0510

6.4 CITY - ST - ZIP

anglial report is true and ac

ient with an address