PROFIT 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 JUL 18 AM 8:30

DOCUMENT # P93000084188 (0)

1. Corporation Name

EAGLE AIR SUPPORT, INC.

Principal Place of Business	Mailing Address
5500 NW 21ST TERR HANGAR #14 FT LAUDERDALE FL 33309 US	5500 NW 21ST TERR HANGAR #14 FT LAUDERDALE FL 33309 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/03/1993
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

Suite, Apt. #, etc. (22) (27)

City & State (23) (28)

Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0453461 ☐ 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

MARTINEZ, ROBERT
10709 CLEARY BLVD #310
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: NICK A. KYRIAKOPOULOS
82 Street Address (P.O. Box Number is Not Acceptable)
83: 12164 NW 34 ST.
84 City: SUNRISE FL 85 Zip Code: 33323

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: NICK A. KYRIAKOPOULOS - PRESIDENT — 7/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	MARTINEZ, ROBERT	12 NAME	NICK A. KYRIAKOPOULOS	
STREET ADDRESS	10709 CLEARY BLVD APT 310	13 STREET ADDRESS	12164 NW 34 ST.	
CITY-ST-ZIP	PLANTATION FL 33324	14 CITY-ST-ZIP	SUNRISE, FL. 33323	
TITLE	D	21 TITLE	VISE PRESIDENT	☐ Change ☒ Addition
NAME	KYRIAKOPOULAS, NICHOLAS	22 NAME	JOAQUIN FUSTER	
STREET ADDRESS	12164 NW 34TH ST	23 STREET ADDRESS	7153 SAN SEBASTIEN DR.	
CITY-ST-ZIP	SUNRISE FL 33323	24 CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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: NICK A. KYRIAKOPOULOS — (305) 928-0701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072778 CP