SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

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 JUN 16 PM 10:39

DOCUMENT # **P94000014874 (9)**

1. Corporation Name
LAGMA AIRCRAFT PARTS, INC.

Principal Place of Business	Mailing Address
HERON RUN	HERON RUN
PLANTATION FL 33322	PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1994
3a. Date of Last Report:
4. FEI Number: 65- 0471019 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. [illegible] ☐ $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 6997 N.W.50 ST.	26 6997 N.W 50 ST.
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 MIAMI FLORIDA	28 MIAMI FLORIDA
24 Zip: 33166	29 Zip: 33166
25 Country	30 Country

9. Name and Address of Current Registered Agent

LAZAR, BRUCE E
1111 LINCOLN RD.
SUITE 500
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name
82 [illegible] (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: NIEVES A. G. MARTINEZ 6/10/95
(NOTE: Registered Agent signature required when changing) (DATE)

12. OFFICERS AND DIRECTORS		13. [illegible] ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	NIEVES A GILES MARTINEZ(pres) 2401 COLLINS AVE APT.# 1503 MIAMI BEACH FL. 33140.	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	GUILLERMO E. MARTINEZ (V.P) 2401 COLLINS AVE APT.# 1503 MIAMI FL 33140.	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 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: NIEVES A. G. MARTINEZ (305) 471-0094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0077175 CP