

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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000023053 (9)
 1. Corporation Name
AIR CARRIER ACCESSORY SERVICE, INC.



Principal Place of Business: **594 S.W. 34TH STREET FT. LAUDERDALE FL 33315**
 Mailing Address: **594 S.W. 34TH STREET FT. LAUDERDALE FL 33315**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/25/1994**

4. FEI Number: **65-0486885** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **21 111 S.W. 33rd Street**
 Suite, Apt. #, etc.: **22**
 City & State: **23 FT. LAUDERDALE, FL**
 Zip: **24 33315** Country: **25 USA**

2a. Mailing Address: **26 111 S.W. 33rd Street**
 Suite, Apt. #, etc.: **27**
 City & State: **28 FT. LAUDERDALE, FL**
 Zip: **29 33315** Country: **30 USA**

9. Name and Address of Current Registered Agent:
MERCER, PAUL
700 S. ROYAL POINCIANA BLVD.
SUITE 502
MIAMI FL 33166

10. Name and Address of New Registered Agent:
81 Name: BRUCE M. BOIKO
82 Street Address (P.O. Box Number is Not Acceptable): 801 BRICKELL AVENUE
83 SUITE 1501
84 City: MIAMI **85 Zip Code: FL 33131**

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: **BRUCE M. BOIKO** *[Signature]* **3/9/98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LILLIANNE, LORENZO	
STREET ADDRESS	15476 NW 77TH CT #225	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERT M. GRANESE	
STREET ADDRESS	17130 N.W. 86 Ave	
CITY-ST-ZIP	Hialeah, FL 33015	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: *[Signature]* **Lillianne Lorenzo** **3-19-98** **(607) 359-9011**

CR2E034 (10/97)