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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000034381 (1)

LIGHTHOUSE AVIATION SUPPORT, INC.

205 FEEDING HILLS DR

Mailing Address Principal Place of Business 14531 DADE PIONE AVE P.O. BOX 173935 HALEAH FL 33017-3935 MIAMI LAKES FL 33014 3. Date Incorporated or Qualified 3a. Date of Last Report 05/06/1994 02/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0490505 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip Zιp 8. This corporation has liability for intengible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name IMPERATORI, JOSEPH 14531 DADE PINE AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI LAKES FL 33014 83 84 City 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** Signature, typical or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ___ DELETE ☐ Change Addition 1.1 TITLE TITLE RODRIGUEZ, HECTOR 1.2 NAME NAME

SOUTHWICK MA CITY- \$1-2IP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE RODRIGUEZ, CARMEN NAME 205 FEEDING HILL RD 2.3 STREET ADDRESS STREET ADORESS SOUTHWICK MA 2. 4 CITY - ST-ZIP CITY - ST - ZIF DELETE Change Addition TITLE 3.1 TITLE IMPERATORI, JOSEPH NAME 3.2 NAME 14531 DADE PINE AVE. 3.3 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 3.4. CITY - \$1 - 2IP CITY-ST-ZIF DELETE 4.1 TITLE Change Addition THILE IMPERATORI, JOYCE NAME 4.2 NAME 14531 DADE PINE AVE 4.3 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33014 4.4 CITY - ST - ZIP CHY-ST-ZIP Change DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

1.3 STREET ADDRESS

14. I do 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.

64 CiTY-ST-ZIP

SIGNATURE

STREET ADORESS

TOUR A. LINGUETE TOSEPH A. IMPERATOR 1 2-6-97 (305)822-8069

CR2E034 (9/96)

FILED

Feb 17 1997 8:00am

Secretary of State