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PROFIT CORPORATION ANNUAL REPORT

1998

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 22 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name P94000056498 (6)

BEACON AVIATION SALES & SERVICES, INC.

Principal Place of Business Mailing Address 8254 NW 70TH ST 8254 NW 70 TH ST MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/01/1994 2a. Mailing Address Applied For 65-0532403 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RICHIE, LAYNE M 8254 NW 70TH ST 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** 83 City Zip Code 85 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, typod or pented our citation store Lagorit and tite if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DECETE ■ Addition 1.1 TIBLE THEF RICHIE, LAYNE M MAKE 1.2 NAME 8254 NW 70TH ST STREET ADDRESS 1.3 STHEET ADDRESS MIAMI FL 1 4 CITY - \$1 - ZIF CITY-ST ZIP DELETE Change ☐ Addition TITLE 21 THILF NAME 2.2 NAME STREET ADDRESS 2 3 STHEET ADDRESS CITY-ST-ZIP 2 4 CHY-ST-ZIP DELETE ☐ Change Addition TITLE 3 1 11ILF 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST ZIP 34. CHY-\$1-ZIP DELETE 4 1 HILE Change Addition TITLE 4 2 NAME NAME STREEL ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DEETE Change Addition 5 1 TITLE STREET ADDRESS **5 3 STREET ADDRESS** CITY-ST ZIE 5 4 CITY - ST - 7/P DELETE Change Addition 5.1 TITLE TITLE 6 2 NAME STREET ADDRESS

14. Thereby 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 of supplemental annual report is true a) discourate and that my signature shall have the same legal effect as if made under eath, 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 13 if changed, or on an attachment with an addiess.