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

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9. Name and Address of Current Registered Agent

PROFIT CORPORATION **ANNUAL REPORT**

1998

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FLORIDA DEPARTMENT OF STATE

Şandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000060379 (2)

AIRPORT GROUND SUPPORT EQUIPMENT, INC.

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PAGUAGA, RAUL A 7305 S.W. 128TH COURT

MIAMI FL 33183

Principal Place of Business Mailing Address 7305 S.W. 128TH COURT 7305 S.W. 128TH COURT MIAMI FL 33183 MIAMI FL 33163 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/12/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 65-0516390 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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FI 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

81 Name

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City 84

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, typed or printed name of registered agent and the if applicable (NOT): Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 TITLE DELETE 1.1 TITLE Change Addition PAGUAGA, RAUL A 1.2 NAME NAME 7305 SW 128 COURT STREET ADDRESS 1.3 STREET ADDRESS **MI**AMI FL CITY+ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Addition ☐ Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREE1 ADDRESS CITY-ST-ZIP 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 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 12 or Block 13 if changed, or on an attachment with an address.

4-19-90

FILED

May 04 1998 8:00am

Secretary of State

10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

Applied For Not Applicable

Zip Code