

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 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 # P94000063462 (3)

1. Corporation Name
 ABS AERO SUPPLIES, INC.



Principal Place of Business
 513 PONCE DE LEON BLVD
 CORAL GABLES FL 33134
 US

Mailing Address
 513 PONCE DE LEON BLVD
 CORAL GABLES FL 33134
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

65-0516313

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

Zip Country

Zip Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAPUR, ANUJ
 513 PONCE DE LEON BLVD
 CORAL GABLES FL 33134

81 Name

82 Street Address (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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE

1.1 TITLE Change Addition

NAME KAPUR, ANUJ
 STREET ADDRESS 513 PONCE DE LEON BLVD.
 CITY-ST-ZIP CORAL GABLES FL

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE VP DELETE

2.1 TITLE Change Addition

NAME NANGIA, POOJA
 STREET ADDRESS 513 PONCE DE LEON BLVD.
 CITY-ST-ZIP CORAL GABLES FL

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE

3.1 TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE

4.1 TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

700002653887
 -10/02/98--01005--034
 ***150.00

TITLE DELETE

6.1 TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

12/9-30

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:

Anuj Kapur

9-15-98 (305) 461-1535

CR2E034 (5/98)

2

ABS Aero Supplies, Inc.
513 Ponce de Leon Blvd.
Coral Gables, FL 33134
Tel: (305) 461-1535 Fax: (305) 448-0796

Florida Department Of State
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

September 18, 1998

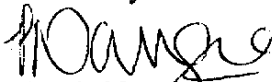
Dear Sir/Madam:

I have enclosed the Annual Report for ~~ABS Aero Supplies, Inc.~~ along with a check for \$150.00. For some reason, I never received the first notice for filing an annual report in the mail. This second notice was the first form I received, which I have immediately sent back to you.

Therefore, I kindly request that you waive any penalty and late fees associated with this filing. Thank you for your time and cooperation.

If you have any questions, please feel free to call me at (305) 461-1535.

Sincerely,


Pooja Nangia
Vice President