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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500005960 (6)

B & L AIRCRAFT STRUCTURES, INC.

| Principal Place of Business Mailing Address | | | | | T CONTROL AND INCOME BANK MOUNT ON THE ORIGINAL STATE OF THE ORIGINAL STATE ORIGINAL STATE OF THE ORIGINAL STA | | |
|---|---|---|----------------------|---|--|---|--|
| 8620 NW 64TH STREET 8620 NW 64TH STREET | | | | | | | |
| BAY 13 BAY 13 MAMI FL 33166 MIAMI FL 33166 | | | | | | DO NOT WRITE IN THIS SPACE | |
| MIAMI FL 33166 MIAMI FL 33166 US US | | | | | | 3. Date Incorporated or Qualified | |
| | | •• | | | | 01/19/1995 | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number Applied For | |
| 21 | 26 | | | | 65-0554038 Not Applicable | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | S8 75 Additional | |
| 22 27 | | | | | | 5. Certificate of Status Desired Fee Required | |
| City & State | & State City & State | | | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | | 28 | | | | Trust Fund Contribution | |
| Zip | Country | Zip | | ıntry | | 6. This corporation owes or has paid the current year Intangible | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due June 30. Yes No | |
| 1 14 1 | 9. Name and Address of Curren | | | 81 | Name | 10. Name and Address of New Registered Agent | |
| LIN | IDNER, GILMAR | W 64 st. Ban | /3 | | 140/110 | | |
| LINDNER, GILMAR 6433 NW 30 TERR 8620 NW 64 st. Bay 13 MIAMIFL 33166 Miam. Fl. 37166 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| MLA | MIFL 33166 - Miami | F1. 3316C | | 83 | | | |
| | | | | " | | | |
| | | | | 84 | City | FI 85 Zip Code | |
| 44 Durauant t | o the provisions of Sections 607.0600 | and 607 1609 Florida Statu | too tho p | hove | nomad | | |
| 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 ager | at and title if applicable (AIO) | E: Booleloro | d Aoa | nl nianah wa | ure required when reinstating) DATE | |
| 12. | OFFICERS AND | | 13. | o Age | IN BIGHTINE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PSD | DELETE | 1,1 1 | TLE | | Change Addition | |
| NAME | LINDNER, GILMAR | | 1.2 NAME | | | | |
| STREET ADDRESS | AAAA ABALAA SEEDA | | 1.3 \$ | 1.3 STREET ADDRESS / | | 148 Seems Melrose Dr. | |
| CITY-ST-ZIP | MIAMI FL 33100 | | | 1.4 CITY-ST-ZIP | | Higmi Spaing Fl. 37166 | |
| TITLE | VID | DELETE | 2.1 TI | | | Change Addition | |
| NAME | BRANCO, JOSE M | | 2.2 NAME | | | | |
| STREET ADDRESS | ARRA MINI TO AND HAD | | 2.3 \$1 | 2.3 STREET ADDRESS 5 | | SLLL Laketen Osborne Da. | |
| CITY-ST-ZIP | MIAMI SPRINGS FL 33166 | | 2. 4 CITY - ST - ZIP | | T-ZIP | Lake worth, Fl. 33461 | |
| TITLE | | DELETE | 3.1 TI | 3.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | | | 3.2 N | AME | | | |
| STREET ADDRESS | | | 3.3 ST | TAEET . | address | | |
| CITY-ST-ZIP | | | 3.4. C | ITY-S | T-ZIP | | |
| TITLE | ☐ DELETE 4.1 | | 4.1 1(| TLE | | Change Addition | |
| NAME | | | 4.2 N | AME | | | |
| STREET ADDRESS | | | 4.3 51 | REET | ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CI | TY-\$1 | r- Z IP | | |
| TITLE | | DELETE | 5.1 10 | TLE | | ☐ Change ☐ Addition | |
| NAME | | | 5.2 N | AME | | | |
| STREET ADDRESS | | | 5.3 S1 | REET | address | | |
| CITY-ST-ZIP | | | 5,4 CI | TY-SI | r-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TI | TLE | | ☐ Change ☐ Addition | |
| NAME | | | 6.2 N | AME | | | |
| STREET ADDRESS | | | 6.3 S1 | REET | address | | |
| CITY-ST-ZIP | | | 6.4 CI | TY-SI | - ZIP | | |
| 14. I hereby co | ertify that the information supplied wit on this annual report or suppliedmental | h this filing goes not qualify for annual report is true and acc | or the executate and | empt d tha | ion state | ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information I ignature shall have the same legal effect as if made under path; that I am an | |
| 14. I hereby certify that the information supplied with this filing roses 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 supplied method 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 of the receiver or trusfee 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 or an attachment with an address | | | | | | | |

SIGNATURE: X (2004) 436-5385