FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000013685

1. Corporation Name
AMPAC AIR SERVICES CORP.

Principal Place of Business
915 Middle River Dr., Suite 318
Fort Lauderdale, FL 33304

Mailing Address
SAME

3. Date Incorporated or Qualified: 2/17/95
3a. Date of Last Report:

2. Principal Place of Business
21 2310 N.W. 55 Court
Suite, Apt. #, etc.: 22 Suite 121
City & State: 23 Ft. Lauderdale, FL
Zip: 24 33309 Country: 25 U.S.A.

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 65-0562949 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Filings, Inc.
3732 N.W. 16 Street
Ft. Lauderdale, FL 33311

10. Name and Address of New Registered Agent
81 Name: Diane T. Sinatra
82 Street Address (P.O. Box Number is Not Acceptable): 2310 N.W. 55 Court
83 Suite 121
84 City: Ft. Lauderdale FL 85 Zip Code: 33309

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: X Diane Sinatra 8/6/96
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 D NAME Hanifin, J. William STREET ADDRESS 915 Middle River Dr., Suite 318 CITY-ST-ZIP Ft. Lauderdale, FL 33304	☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS DELETE 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME D STREET ADDRESS Sinatra, Diane T. CITY-ST-ZIP 915 Middle River Dr., Suite 318 ~~Fort Lauderdale, FL 33304~~	☐ DELETE	2.1 TITLE D/P 2.2 NAME Sinatra, Diane T. 2.3 STREET ADDRESS 2310 N.W. 55 Court, Suite 121 2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 600001917826 -08/09/96--01038--007 ***225.00

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X Diane Sinatra, President 8/6/96 954 485-8550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Diane T. Sinatra 8/9/96