

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

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000091144 (2)**

1. Corporation Name

L. M. AIRCRAFT MAINTENANCE INC.



Principal Place of Business 3953 NW 145 ST BLDG 180 OPA LOCKA FL 33054 US	Mailing Address 3953 NW 145 ST BLDG 180 OPA LOCKA FL 33054 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/30/1995	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0627520		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent MENDOZA, LAZARO M 9049 S.W. 147 COURT MIAMI FL 33196		10. Name and Address of New Registered Agent	
		81 Name LIONEL BARNET, ESQ.	
		82 Street Address (P.O. Box Number is Not Acceptable) 9100 South Dadeland Blvd. Suite #404	
		83	
		84 City Miami	
		85 Zip Code FL 33156	

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  **LIONEL BARNET, ESQ.** **January 23, 1998**

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	
<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	TITLE D/P/S		
NAME MENDOZA, LAZARO M	NAME ELFRIEDE HOUK		
STREET ADDRESS 9049 S.W. 147 COURT	STREET ADDRESS 4254 NW 37th Avenue		
CITY-ST-ZIP MIAMI FL 33196	CITY-ST-ZIP Miami, Florida 33142		
TITLE D	TITLE D/VP		
NAME MENDOZA, BELKYS	NAME CARL TAYLOR		
STREET ADDRESS 9049 S.W. 147 COURT	STREET ADDRESS 4254 NW 37th Avenue		
CITY-ST-ZIP MIAMI FL 33196	CITY-ST-ZIP Miami, Florida 33142		
TITLE D	TITLE D		
NAME EARL HOUK	NAME EARL HOUK		
STREET ADDRESS 4254 NW 37th Avenue	STREET ADDRESS 4254 NW 37th Avenue		
CITY-ST-ZIP Miami, Florida 33142	CITY-ST-ZIP Miami, Florida 33142		
TITLE D	TITLE D		
NAME EARL HOUK	NAME EARL HOUK		
STREET ADDRESS 4254 NW 37th Avenue	STREET ADDRESS 4254 NW 37th Avenue		
CITY-ST-ZIP Miami, Florida 33142	CITY-ST-ZIP Miami, Florida 33142		
TITLE D	TITLE D		
NAME EARL HOUK	NAME EARL HOUK		
STREET ADDRESS 4254 NW 37th Avenue	STREET ADDRESS 4254 NW 37th Avenue		
CITY-ST-ZIP Miami, Florida 33142	CITY-ST-ZIP Miami, Florida 33142		

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:  **ELFRIEDE HOUK** President (305) 632-0600

CR2E034 (10/97)