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May 17, 1999 8:00 am
Secretary of State
05-17-1999 90064 026 ***158.75

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

555309 - 90064 - 26

DOCUMENT # P96000003757

1. Corporation Name
CONTINENTAL AIRCRAFT, INC.

Principal Place of Business	Mailing Address
6065 N.W. 167TH STREET SUITE B-14 MIAMI LAKES FL 33015 US	6065 N.W. 167TH STREET SUITE B-14 MIAMI LAKES FL 33015 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — Country — 25

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

3. Date Incorporated or Qualified: 01/11/1996

4. FEI Number: 65-0631157 — ☐ 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 owes the current year intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~REGISTERED AGENT:~~
6065 N.W. 167TH STREET
#B-14
MIAMI LAKES FL 33015

10. Name and Address of New Registered Agent

81 Name: RICARDO ROJAS
82 Street Address (P.O. Box Number is Not Acceptable): 6065 N.W. 167 STREET - #B-14
83
84 City: MIAMI LAKES — FL — 85 Zip Code: 33015

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] — REGISTERED AGENT — 1/11/99
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PRES~~ ~~REGISTERED: MARGARITA~~ ~~[redacted]~~ PEMBROKE PINES FL 33028	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ROJAS, MARIA E 15810 N.W. 11TH STREET PEMBROKE PINES FL 33028	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PRES~~ ROJAS, RICARDO ~~[redacted]~~ ~~[redacted]~~	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	PD 15810 N.W. 11 STREET PEMBROKE PINES, FL. 33028	☒ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: [signature] RICARDO ROJAS - PRES. — 1/11/99 — (305) 828-4060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CRPDF(04-11/98)