FILE NOW: FILING FEE AFTER MAY 1 IS \$550.60

Fire Fire Care **PROFIT** FLORIDA DEPARTMENT &F STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 97 JUN -6 PM 1:29 DIVISION OF CORPORATIONS 1997 SECRETARY OF STATE TALLAHASSEE FLORIDA DOCUMENT # 4410 FLIGHT EQUIPMENT, INC. Principal Place of Business Mailing Address 832 EAST 21st Street 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Suite, Apt. #, etc. 21st Street 26 65-0680679 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & StateHialeah, Florida City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip Zφ 8. This corporation has liability for intangible tax under s. 199.032, 24 33013 29 30 Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and / DadGurrent Registered Agent Jaime Oubuna Jr Bennett De Ridder Street Address (P.O. Box Number is Not Acceptable) 3621 SW 129th Ave (Rear) 832 East 21st Street Mfamf, Fl 33175 City Hialeah 84 Zip33013 to the provisions of Soctions 607 0502 and 607 1508 Filter registered gont, or both, in the state of Florida, Such the familiar with, and accept the obligations of section 60 da Statutes, the above-named corporation submits this statement for the purpose of changing its registered the was authorized by the corporation's board of directors. I hereby accept the appointment as registered 0505, Florida Statutes. 11. Pursuart to the provision **SIGNATURE** (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change TITLE DELETE 13 1011 Addition President 832 E. 21st Street Jaime Oubina Jr NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS Hialeah. Fl 33013 CITY-ST-ZIP 1.4 CI3Y - S1 - ZIP DELETÉ 2.1 11111 Change Addition TITLE 832 East 21st Street Hialeah, Fl 3-013 2.2 NAMI NAME Alberto Vargas 2.3 STREET ADDRESS STREET ADDRESS 2 4 CHY-ST-ZIP CITY-ST-ZIP ☐ DELETE TITLE 3.1 11711 Change Addition Secretary 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-7IP 3 4: C(TY - S1 - Z)² DELETE TITLE 4 1 11111 NAME 4 2 NAME ****550.00 ****550.00 STRUET ADDRESS 4.3 STREET ADDRESS CIT - ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change TULE 5111411 Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TOTLE 6111111 Change 62 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 64 CITY - \$1 - ZIP 14. If do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I forther certify that the information indicated on the annual report or suppliemental argumat leport is frue and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of 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 chambed or on argumatic ment with an approach. Outina Jy 5-27-97 SIGNATURE: