

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

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000096292 (3)

1. Corporation Name

TOTAL AVIATION SUPPORT, INC.

Principal Place of Business

3121 WEST HALLANDALE BEACH BOULEVARD  
SUITE 112  
PEMBROKE PARK FL 33009

Mailing Address

3121 WEST HALLANDALE BEACH BOULEVARD  
SUITE 112  
PEMBROKE PARK FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

65-0709552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Noah Wiesenfeld

82 Street Address (P.O. Box Number is Not Acceptable)

3121 West Hallandale Beach Blvd

83

84 City

Pembroke Park

FL

85 Zip Code

33009

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

Noah Wiesenfeld

NOAH WIESENFELD

4/18/98

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	PD	<input type="checkbox"/> DELETE
NAME	WIESENFELD, NOAH	
STREET ADDRESS	3121 WEST HALLANDALE BEACH BOULEVARD	
CITY-ST-ZIP	PEMBROKE PARK FL 33009	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROUACH, OLIVER-MICHAEL	
STREET ADDRESS	3121 WEST HALLANDALE BEACH BOULEVARD	
CITY-ST-ZIP	PEMBROKE PARK FL 33009	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROUACH, FRANCOIS-AIRE	
STREET ADDRESS	3121 WEST HALLANDALE BEACH BOULEVARD	
CITY-ST-ZIP	PEMBROKE PARK FL 33009	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DANESH, AHARON	
STREET ADDRESS	3121 WEST HALLANDALE BEACH BOULEVARD	
CITY-ST-ZIP	PEMBROKE PARK FL 33009	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

Noah Wiesenfeld

3-18-98

954-989-3774

CR2E034 (10/97)