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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mo#hain

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000103077 (9)

AIRCRAFT REPAIR CONTRACTORS, INC.

FILED May 20 1997 8:00am Secretary of State

71110101							
Principal Place of Business		Mailing Address		E INDICADA CAN ARTIN BACITA MALLE MALLE MALLE		491 1991	
841 N.W. 133RD AVENUE MIAMI FL 33182		641 N.W. 133RD AVENUE MIAMI FL 33182-1601					
					3. Date Incorporated or Qualified 12/19/1996	3a. Date of Last Re	aport
2. Principal Place of Business 21. SAMEAS ABOVE		26 SAME AS ABOUT		4. FEI Number 65 - 0742194	├ ─ ┼	Applied For Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 A Fee Re		
City & State		City & Stato		Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zip Country		28 7 Ip			8. This corporation has liability for in	ytangible tax under s.	
24	25	29 30	J		Florida Statutes 10. Name and Address of New Reg	Yes No	
	9. Name and Address of Curre	nt Registered Agent	81	Name	10, Name and Address of New Net	listeren Walit	
	EDETTI, CARLOS		"		N/A		
641 NW 133RD AVENUE			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
MIAN	AI FL 33182		83				
			84			85 Zip (2040
			1 1	,			
11. Pursuant to the provisions of Sections 607.05.02 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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 607.0506. Florida Statutes.							s registered registered
agent la	m familiar with, and accept the oblig	pations of Section 607.0506, Florid	a Statutos		·		-
SIGNATURE	Signature, typed or printed name of registered ag			nni signature regu	red when reinstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 12
TITLE	D					☐ Change	Addition
NAME	BENEDETTI, CARLOS		1.P NAME				l
STREET ADDRESS	641 N.W. 133RD AVENUE		1,8 STREET ADDRESS				
CITY-ST-ZIP			1.4 CHY-S	1-2IP		Change	Addition
101.6	DELCADO AL PEDTO					L Change	L KOUILION
NAME	DELGADO, ALBERTO 641 N.W. 133RD AVENUE		2 2 NAME 23 STREET ADDRESS				
STREET ADDRESS	MIAMI FL 33182	i	2 4 CITY-S1-ZIP				1
CITY-ST-ZIP	D	DELETE				☐ Change	Addition
NAME			3.2 NAME	ŀ			
STREET ADDRESS	641 N.W. 133RD AVENUE		3.3 STREET	ADDRESS			+
CITY-ST-ZIP	MIAMI FL 33182		3/4 CITY-1	S1 - ZIP			
TITLE	DELETE 4.1		4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS		j	4,3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	ST-ZIP			
TITLE			5.1 TALE			☐ Change	Addition
NAME			5,2 NAME				
STREET ADDRESS			5 3 STREET	ì			
CHY-ST-ZIP			5.4 City - 9	ST - 7(P		Change	Addition
TITLE			6,1 TITUE	-		C Charge	AGUIDON
NAME			62 NAME	I ADODERA			
STREET ADDRESS			6.3 \$1REF				
CITY+ST-ZIP	<u> </u>	ad with this filling class and qualify (6.4 CITY - 9		nd in Section 110 07(3Vi) Florida Statuto	n. I further certify that	the

14. I do 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.

CIONATUDE.

Corlos

Boulottis

4/25/97