

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

FILED

Feb 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000001305 (6)

1. Corporation Name
AMERICAN AIRCRAFT SUPPORT CORP.



Principal Place of Business

8201 NW 64TH ST. #5
MIAMI FL 33166

Mailing Address

8201 NW 64TH ST. #5
MIAMI FL 33166-2755

3. Date Incorporated or Qualified

12/31/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEL Number

65-0719 026

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARHIRA, MILOUD
8201 NW 64TH ST. #5
MIAMI FL 33166

81 Name

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

83

84 City

FL

85 Zip Code

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 type the 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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
HARHIRA, MILOUD
8201 NW 64TH ST #5
MIAMI, FL 33166
VP / Sect

11 TITLE
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

12 NAME
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13 STREET ADDRESS
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

21 TITLE
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

22 NAME
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

23 STREET ADDRESS
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

24 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

31 TITLE
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

32 NAME
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

33 STREET ADDRESS
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

34 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

41 TITLE
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

42 NAME
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

43 STREET ADDRESS
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

44 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51 TITLE
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

52 NAME
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

53 STREET ADDRESS
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

54 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 TITLE
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

62 NAME
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

63 STREET ADDRESS
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

64 CITY- ST- ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/97 5979044

Date

Daytime Phone # 0004285

CR2E034 (9/96)