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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000012093 (5)

FILED Apr 22 1998 8:00am Secretary of State

AIRCR/	aft modular product	S, INC.		
				(1201/\$\$) HA (01/1 100/1 00/1 00/1 \$\$) S\$ 10/1 10/1 10/1 10/1 10/1 10/1 10/1 10/1 10/1
Principal Place of Business Mailing Address				
4000 N.W. 36TH AVE. Miami Fl 33142		4000 N.W. 36TH AV Miami Fl 33142	/E .	
MINIMI FC 55142		MIAMI FL 33142		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				02/06/1997
2. Principal Place of Business		2a. Mailing Address	3	4. FEI Number Applied For Applied For
Sulte, Apt. #, etc.		26		65-072 8303 Not Applicable
22		Suite, Apt. #, etc	0.	5. Certificate of Status Desired Sa.75 Additional
City & State		City & State		Fee Required
23	-	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent
	OST, IRWIN M		81 Name	
1101 BRICKELL AVE.			82 Street Add	dress (P.O. Box Number is Not Acceptable)
	HTE 1400		83	
, ₹ /II/	AMI FL 33131		63	
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Florida 5	Statutes, the above-named corr	poration submits this statement for the purpose of changing its registered
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, typed or printed name of registered	agent and trie if applicable	(NOTE Registered Agent signature requi	ired when reinstating) DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELET	E 1,1 TITLE	☐ Change ☐ Addition
NAME	KOCH, ROGER		1.2 NAME	
STREET ADDRESS	4000 N.W. 36TH AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	Douer	1.4 CITY-ST-ZIP	
TITLE		☐ DELETI		☐ Change ☐ Addition
NAME AZOSST ADDOSSO			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP		DELETO	2 4 CHY-ST-ZIP E 3.1 TITLE	Change Addition
NAME			32 NAME	Li onango Li nutilioni
STREET ADORESS			33 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELET		Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	/ %
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	E 5.1 TITLE	□ ohang (□ Adgithin)
NAME			5.2 NAME	$\sim 10^{10}$
STREET ADDRESS			5.3 STREET ADDRESS	~
CITY-ST-ZIP		DECET.	5.4 CITY-S1-ZIP	
TITLE		☐ DELÊTE		7000024669型Phange 口Addition -03/24/9801088016
NAME PERFET ADDRESS			6.2 NAME	-03/24/9801088016
STREET ADDRESS			6.3 STREET ADDRESS	***750.00
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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.