FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED PROFIT FLORIDA DEPARTMENT OF STATE Jun 24 1998 8:00am **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State **19**98 DIVISION OF CORPORATIONS DOCUMENT # P97000024030 (3) AIRCRAFT WHEEL AND BRAKE SERVICES, INC. Principal Place of Business Mailing Address 801 BRICKELL KEY DRIVE, SUITE 805 601 BRICKELL KEY DRIVE. SUITE 605 MIAMI FL 33131 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>03/11/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 601 Beickell Keu Deive 601 Buckell Key Deite Not Applicable \$8.75 Additional So'ge Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible V.S 29 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DE LA PENA, LEONCIO E ESQ. **601 BRICKELL KEY DRIVE, SUITE 805** MIAMI FL 33131 83 **33**131 0/02 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered site of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered bleadons of, Section 607,0505, Florida Statutos. 11. Pursuant to the provisions of Sections 607.0 office or registered ager agent. I am familiar will EONCIO E. De la Peña , GEN'L SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DETFTE TITLE Change Addition 111000 ARELLANO, PARTICIO F JR. NAME 12 NAME CR2E034 601 BRICKELL KEY DRIVE, SUITE 805 STREET ADDRESS 13 STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP 1.4 C(1Y - ST - Z(P DELETE TITLE 2 1 TILLE Change Addition NAME 2.2 NAME STHEET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CHY-ST-ZIP DELETE 3 1 111LF Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIF 3.4 CHY-ST-ZIE DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 7IP TITLE DELETE 5.1 TIBLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP TITLE DETETE 61 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***150,00 CITY-ST-ZIP

LEONINE De LA Paña See 4/30/98 (305) 377 - 196

plid.) with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information expential 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 the receiver outside empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

14. Thereby cortify that the information say indicated on this annual report is sure

officer or director of the Block 12 or Block 13 if

SIGNATURE