


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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000065520 (3)**

1. Corporation Name

**AVAQ MOONEY, INC.**



Principal Place of Business <b>AVAQ Mooney, Inc.</b> 10220 SW 135TH STREET MIAMI FL 33176 <b>C/O Mooney Aircraft Corp.</b> <b>Louis Schreiner Field</b> <b>Kernville, Tx 78028</b>	Mailing Address <b>AVAQ Mooney, Inc.</b> 10220 SW 135TH STREET MIAMI FL 33176 <b>C/O Mooney Aircraft Corp.</b> <b>Louis Schreiner Field</b> <b>Kernville, Tx 78028</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>AVAQ Mooney, Inc.</b> Suite, Apt. #, etc. 22 <b>C/O Mooney Aircraft Corp.</b> City & State 23 <b>Louis Schreiner Field</b> Zip 24 Country 25		2a. Mailing Address 26 <b>329 Granello Ave.</b> Suite, Apt. #, etc. 27 City & State 28 <b>Coral Gables FL</b> Zip 29 <b>33146</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>07/29/1997</b>	
		4. FEI Number <b>65-0770258</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**BURT, FRANK G ESO**  
**777 BRICKELL AVE**  
**SUITE 550**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name	<b>United States Registered Agents, Inc.</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>329 Granello Avenue</b>		
83			
84 City	<b>Coral Gables</b>	85 State	<b>FL</b>
		86 Zip Code	<b>33146</b>

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



**3-23-98**

Signature, typed or printed name of registered agent, and title if applicable

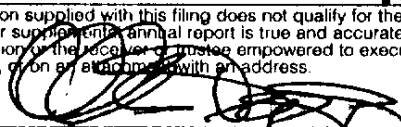
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 supplementary 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:



**APRIL 27 1998 (830) 192 290**

CR2E034 (1097)