

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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000077617 (3)

1. Corporation Name

AMERICAN AIRCREWS INTERNATIONAL INC.

Principal Place of Business

520 S.W. 168TH TERRACE  
WESTON FL 33326

Mailing Address

520 S.W. 168TH TERRACE  
WESTON FL 33326

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	16130 LA COSTA DR	26	16130 LA COSTA DR.	09/08/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	-	27	-	65-0781441	
City & State		City & State		5. Certificate of Status Desired	
23	FORT LAUDERDALE, FL	28	FORT LAUDERDALE FL	<input type="checkbox"/> \$8.75 Additional Fee Required	
24	Zip 33326	29	Zip 33326	6. Election Campaign Financing	
25	Country	30	Country	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MERANI, JOHN 520 S.W. 168TH TERRACE WESTON FL 33326				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				16130 LA COSTA DR.			
				83			
				84 City FORT LAUDERDALE FL			
				85 Zip Code 33326			

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 title if applicable

(NOTE: Registered Agent's signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANDA, JORGE			1.2 NAME			
STREET ADDRESS	1021 OBISPO			1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MERANI, JOHN			2.2 NAME			
STREET ADDRESS	520 S.W. 168TH TERRACE			2.3 STREET ADDRESS	16130 LA COSTA DR.		
CITY-ST-ZIP	WESTON FL 33326			2.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33326		
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 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



JOHN MERANI

04-17-98

(954)

SP910VV

CR2E034 (10/97)