

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91165 007 ***150.00

DOCUMENT # P97000088467
1. Entity Name
GLOBAL AIR SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8288 N.W. 64th Street Suite, Apt. #, etc.	3. Mailing Address 8288 N.W. 64th Street Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-0791843	Applied For Not Applicable
Zip 33166	Country U.S.A.	Zip 33166	Country U.S.A.
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Bertha N. Rosado

Street Address (P.O. Box Number is Not Acceptable)
8288 N.W. 64th Street

City
Miami

FL Zip Code
33166

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE P/D	Bertha N. Rosado	TITLE	
NAME	8288 N.W. 64th Street	NAME	
STREET ADDRESS	Miami, FL 33166	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE V/D	Manuel Rosado	TITLE	
NAME	8288 N.W. 64th Street	NAME	
STREET ADDRESS	Miami, FL 33166	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE T/D	Irma Tierradentro	TITLE	
NAME	8288 N.W. 64th Street	NAME	
STREET ADDRESS	Miami, FL 33166	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE S/D	Liliana Boza	TITLE	
NAME	8288 N.W. 64th Street	NAME	
STREET ADDRESS	Miami, FL 33166	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Manuel Rosado 429-02 305-436-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)