

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

FILED

Mar 27 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 # P97000100551 (5)

1. Corporation Name

PMG AERO ENGINE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

~~2575 S BAYSHORE DRIVE SUITE 1B
COCONUT GROVE FL 33133~~

~~2575 S BAYSHORE DRIVE SUITE 1B
COCONUT GROVE FL 33133~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 6405 NW 36 ST	26 3169 MARY STREET
22 Suite, Apt. #, etc. Suite 2025	27 Suite, Apt. #, etc.
23 MIAMI, FL	28 Coconut Grove, FL
24 Zip 33166	29 Zip 33133
25 Country USA	30 Country USA

3. Date Incorporated or Qualified	Applied For
11/26/1997	Not Applicable
4. FEI Number	
65-0800044	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	<input type="checkbox"/>
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POINDEXTER, JOHN H 2575 S BAYSHORE DRIVE SUITE 1B COCONUT GROVE FL 33133	81 Name Poinexter, John H 82 Street Address (P.O. Box Number is Not Acceptable) 3169 MARY STREET 83 84 City Coconut Grove FL 85 Zip Code 33133

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 signature required when reinstating)

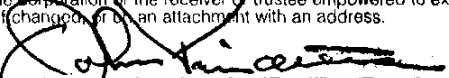
DATE

12. OFFICERS AND DIRECTORS	
TITLE	DIRECTOR, CHAIRMAN, [REDACTED] <input type="checkbox"/> DELETE
NAME	Timothy W. MOORE
STREET ADDRESS	7924 KISMET STREET
CITY-ST-ZIP	MIRAMAR, FL 33022-000
TITLE	DIRECTOR, President, [REDACTED] <input type="checkbox"/> DELETE
NAME	John Poinexter
STREET ADDRESS	3169 MARY ST
CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE	DIRECTOR, [REDACTED] <input type="checkbox"/> DELETE
NAME	APRIL Austett-Poinexter
STREET ADDRESS	3169 MARY ST
CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE	DIRECTOR, SECTY, VP <input type="checkbox"/> DELETE
NAME	BLANKY I. MOORE
STREET ADDRESS	7924 KISMET STREET
CITY-ST-ZIP	MIRAMAR, FL 33023-
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE:

 John Poinexter - Pres/DIR 3/11/98

CR2E034 (10/97)