


FILED
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Secretary of State

04-16-1999 90062 023 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000010988 1. Corporation Name AMERICRAFT AERO PARTS, INCORPORATED					
Principal Place of Business 2726 SW 28 AVE. MIAMI FL 33133			Mailing Address 2726 SW 28 AVE. MIAMI FL 33133		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 3231 SW 25 ST.			2a. Mailing Address 26 3231 SW 25 ST.		
Suite, Apt. #, etc. 22			Suite, Apt. #, etc. 27		
City & State 23 MIAMI, FLORIDA			City & State 28 MIAMI, FLORIDA		
Zip 24 33133			Zip 29 33133		
Country 25 USA			Country 30 USA		
9. Name and Address of Current Registered Agent DIAZ, MANUEL 2726 SW 28 AVE. MIAMI FL 33133			10. Name and Address of New Registered Agent 81 Name OSVALDO DIAZ 82 Street Address (P.O. Box Number is Not Acceptable) 3231 SW 25 ST. 83 84 City MIAMI 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: <i>[Signature]</i> OSVALDO DIAZ President DATE: 4-11-99 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PRESIDENT <input checked="" type="checkbox"/> DELETE NAME MANUEL DIAZ STREET ADDRESS 2726 SW 28 AVE. CITY-ST-ZIP MIAMI, FL. 33133			1.1 TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME OSVALDO DIAZ 1.3 STREET ADDRESS 3231 SW 25 ST. 1.4 CITY-ST-ZIP MIAMI, FL. 33133		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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, on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **OSVALDO DIAZ President** DATE: **4-11-99** DAYTIME PHONE: **305-758-6772**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR