


FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90063 043 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P98000033483 | | | | | |
| 1. Corporation Name PATRIOT AVIATION SERVICES, INC. | | | | | |
| Principal Place of Business 1301 N.W. 89TH TERRACE PEMBROKE PINES FL 33024 | | | Mailing Address 1301 N.W. 89TH TERRACE PEMBROKE PINES FL 33024 | | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| 3. Date Incorporated or Qualified 04/10/1998 | | | | | |
| 2. Principal Place of Business 21. 999 ELLER DR - B-3 City & State FT LAUDERDALE FL Zip 33316 | | | 2a. Mailing Address 26. P.O. BOX 550340 City & State FT. LAUDERDALE FL Zip 33355 | | |
| 4. FEI Number 59-0829645 | | | Applied For Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | | \$5.00 May Be Added to Fees | | |
| 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| 8. Name and Address of Current Registered Agent JARVIS, JAMES W 550 BILTMORE WAY PENTHOUSE ONE CORAL GABLES FL 33134 | | | 10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code | | |
| 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 <input type="checkbox"/> DELETE SECRETARY/TREASURER NAME Adolfo Diaz STREET ADDRESS 1620 N.W. 118 TERRACE CITY-ST-ZIP Pembroke Pines, FL 33024 | | | | | |
| TITLE <input type="checkbox"/> DELETE CHAIRMAN NAME VIRGIL D. PIZER STREET ADDRESS 1021 NW 173 AVE CITY-ST-ZIP Pembroke Pines, FL 33029 | | | | | |
| TITLE <input type="checkbox"/> DELETE PRESIDENT NAME KONRAD J. WALTER STREET ADDRESS 1301 NW 89 TERRACE CITY-ST-ZIP Pembroke Pines, FL 33024 | | | | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 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 on an attachment with an address, with all other like empowered.

SIGNATURE: ADOLF DIAZ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

954 462 6040

Daytime Phone #

CR2E034 (1/1/98)