

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90091 009 ***158.75

DOCUMENT # **P980000082118**
1. Entity Name
SAFIRE AIRCRAFT COMPANY

662092

DO NOT WRITE IN THIS SPACE

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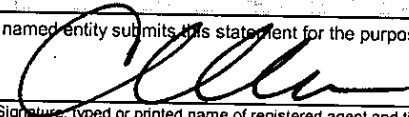
2. Principal Place of Business 400 CLEMATIS STREET Suite, Apt. #, etc. SUITE 207 City & State WEST PALM BEACH FL Zip 33401 Country USA		3. Mailing Address 400 CLEMATIS STREET Suite, Apt. #, etc. SUITE 207 City & State WEST PALM BEACH FL Zip 33401 Country USA		4. FEI Number 65-0864569	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CRAIG U. KAHLE CPA PA
Street Address (P.O. Box Number is Not Acceptable)
1501 PRESIDENTIAL WAY
SUITE 16
City
WEST PALM BEACH FL Zip Code
33401

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  **4/29/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP Humphries, David R 1515 S. Flagler Drive #2303 West Palm Beach Florida 33401	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Margaritoff, Dimitri Weetenkamp 1 Hamburg, Germany 22609	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Margaritoff, Alexander Muehlenbergerweg 40 Hamburg, Germany 22587	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T, S Kahle, Craig 1501 Presidential Way, Suite 16 West Palm Beach, Florida 33401	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, P Kuhn, Robert 226 Brazilitan Ave., Apt 2A Palm Beach, Florida 33480	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Salomon, Camilo A 7600 SW 169 St Miami, Florida 33157	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 of 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:  **Craig U. Kahle, Secretary** **04/25/02** **561-689-1220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)