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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000082991

1. Corporation Name

AVTEAM ENGINE REPAIR CORP.

MAM AIRCRAFT SERVICES INC.

Principal Place of Business

Mailing Address

FILED Mar 23, 1999 8:00 am **Secretary of State**

03-23-1999 90021 046 ***158.75



3230 EXECUTIVE WAY 3230 EXECUTIVE WAY MIRAMAR FL 33025 MIRAMAR FL 33025 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 09/24/1998 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 8130 Not Applicable same 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box Added to Fees 28 Trust Fund Contribution Country Zip 8. This corporation owes the current year Intangible ☐ Yes 30 Personal Property Tax. MIAMI - OADE 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CORPORATION SERVICE COMPANY 82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 83 City 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 CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ☐ Addition □ DELETE 1.1 TITLE TITLE GRAW, DONALD A 1.2 NAME NAME 3230 EXECUTIVE WAY 1.3 STREET ADDRESS STREET ADDRESS MIRAMAR FL 33025 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE ☐ Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIF CITY-ST-ZIP □ Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 of the receiver of 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 it with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP ·