**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S78015 HYDRAULIC AIRCRAFT SPECIALISTS, INC. Principal Place of Business Mailing Address 8034 NW 67TH STREET 8034 NW 67TH STREET MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/03/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0290689 Not Applicable 21 Suite Apt # etc Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name RIQUELME, JOSE OMAR **17692 SW 5TH STREET** Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33029 83 RA 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 Horida Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or protect more of registeric diagont and title diagon and (NOTE\_Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 THUE RIQUELME, JOSE OMAR NAME 1.2 NAME 17692 SW 5TH STREET STREET ADDRESS 1.3 STHEET ADDRESS PEMBROKE PINES FL 33029 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2 1 TITLE HERNANDEZ, ANGEL NAME 2.2 NAME 406 SW 191 TERR 2 3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33029 2 4 CITY - ST-ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 3 1 TITLE SAAVEDRA, SARA NAME 32 NAME 406 SW 191 TERR. STREET ADDRESS 3 3 STREET ADDRESS PEMBROKE PINES FL 33029 34. CITY-ST-ZIP CITY-ST-ZIP DELFTE Change TITLE 4.1 TITLE Addition NAME RIQUELME, YOLANDA 4 2 NAME 17692 SW 5TH STREET STREET ADDRESS 4.3 STREET ADDRESS PEMBROKE PINES FL 33029 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Channe Addition

14. Thereby 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 armual report or supplied under eath; that I am an officer or director of the corporation of the receiver or trust is employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed to

51 TITLE

52 NAME

61 1/11 F

6 2 NAME

DELETE

5.9 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CATY-ST-ZIP

CITY - ST - ZIP

Addition