

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V53657 (5)
1. Corporation Name
EAGLE AIR SERVICE, INC.

Principal Place of Business
5667 N.W. 35TH COURT
MIAMI FL 33142

Mailing Address
5667 N.W. 35TH COURT
MIAMI FL 33142



DO NOT WRITE IN THIS SPACE


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/24/1992	
21 Suite, Apt #, etc.	22 City & State	23 Zip	24 Country	25 Suite, Apt #, etc.	26 City & State
27 Zip	28 Country	29 Suite, Apt #, etc.	30 City & State	31 Zip	32 Country
9. Name and Address of Current Registered Agent HAZZARD, LYNN 5667 N.W. 35TH COURT MIAMI FL 33142				10. Name and Address of New Registered Agent 81 Name Morin, Carl 82 Street Address (P.O. Box Number is Not Acceptable) 5667 NW. 35 Court 83 84 City Miami FL 85 Zip Code 33142	

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:  Carl Morin 2/9/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HAZZARD, LYNN	1.1 TITLE	PD MORIN, Carl
NAME	HAZZARD, LYNN	1.2 NAME	MORIN, Carl
STREET ADDRESS	5667 N.W. 35TH COURT	1.3 STREET ADDRESS	5667 NW. 35 CT
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL. 33142
TITLE	ST HAZZARD, LYNN	2.1 TITLE	ST MORIN, Carl
NAME	HAZZARD, LYNN	2.2 NAME	MORIN, Carl
STREET ADDRESS	5667 N.W. 35TH COURT	2.3 STREET ADDRESS	5667 NW. 35 CT.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL. 33142
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:  Carl Morin 2/9/98 305-634-9622

CR2E034 (10/97)