



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | |
|---|---------------------|---|---|----------------------------|---------------------|
| 1. Corporate ID No. 77019 | | 2. Name of Corporation Aviation Quality Assurance, Inc. | | | |
| 3. Street Address Principal Business Office 7091 NW 99th Terrace | | | City Michigan | State Florida | Zip 33166 |
| 4. Business Phone No. 1-500-788-1729 | | 5. State of Incorporation RHODE ISLAND | | 6. SIC Code 2618 | |
| 7. Brief Description of the Character of Business Conducted in Rhode Island AN AVIATION SAFETY DEVICE AND OTHER EQUIPMENT SELLER. | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Richard Kleis | | | Vice President Name | | |
| Street Address 785 Crandall Blvd Apt 202 | | | Street Address | | |
| City Key Biscayne | State FL | Zip 33149 | City | State | Zip |
| Secretary Name | | | Treasurer Name Richard Kleis | | |
| Street Address | | | Street Address 785 Crandall Blvd Apt 202 | | |
| City | State | Zip | City Key Biscayne | State FL | Zip 33149 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 600 | NO PAR VALUE | | 600 | | NO PAR |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FILED

File Date MAY 20 2005 602127

Check No. _____

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 5/18/05

Signature of Officer Date

RICHARD KLEIS

Print or Type Name of Officer

PRESIDENT

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 77019
 2. Name of Corporation Aviation Quality Assurance, Inc.
 3. Street Address Principal Business Office 7091 NW 77 TERRACE City MIAMI State FL Zip 33166-
 4. Business Phone No. 8007881729 5. State of Incorporation RHODE ISLAND 6. SIC Code 2618
 7. Brief Description of the Character of Business Conducted in Rhode Island
 AN AVIATION SAFETY DEVICE AND OTHER EQUIPMENT SELLER.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name RICHARD KLEIS Vice President Name
 Street Address 785 CRANDON BLVD Street Address
 City KEY BISCAYNE State FL Zip 33149 City State Zip
 Secretary Name Treasurer Name RICHARD KLEIS
 Street Address 785 CRANDON BLVD Street Address
 City KEY BISCAYNE State FL Zip 33149

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name RICHARD KLEIS Director Name
 Street Address 785 CRANDON BLVD Street Address
 City KEY BISCAYNE State FL Zip 33149 City State Zip
 Director Name Director Name
 Street Address Street Address
 City State Zip City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES
 Number of Shares Class/Series Par Value 600 NO PAR VALUE
 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES
 Number of Shares Class/Series Par Value 600 NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



77019 DBC 02/28/04 12:20:02 PM
 File Date 3-11-04
 Check No. 600887
 By: SC
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
 Signature of Officer Richard Kleis Date 2-28-2004
 RICHARD KLEIS 2/28/04
 Print or Type Name of Officer
 PRESIDENT
 Title of Officer
 Form 630 12/01



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **77019** 2. Name of Corporation **Aviation Quality Assurance, Inc.**
3. Street Address Principal Business Office **7091 NW 77th Terrace** City **Miami** State **FL** Zip **33166**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2618**
7. Brief Description of the Character of Business Conducted in Rhode Island
Wholesale sales of aircraft parts

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|--|--|
| President Name Richard Kleis | Vice President Name |
| Street Address 7091 NW 77th Terrace | Street Address |
| City Miami State FL Zip 33166 | City State Zip |
| Secretary Name | Treasurer Name Richard Kleis |
| Street Address | Street Address 7091 NW 77th Terrace |
| City State Zip | City Miami State FL Zip 33166 |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|--|----------------|
| Director Name Richard Kleis | Director Name |
| Street Address 7091 NW 77th Terrace | Street Address |
| City Miami State FL Zip 33166 | City State Zip |
| Director Name | Director Name |
| Street Address | Street Address |
| City State Zip | City State Zip |

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

| AUTHORIZED SHARES | Class/Series | Par Value |
|-------------------------|--------------|-----------|
| 600 NO PAR VALUE | | |

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

| ISSUED SHARES | Class/Series | Par Value |
|---------------|--------------|---------------|
| 600 | | No Par |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 7 7 0 1 9 *

File Date: 3-11-03
Check No.: 400033
By: UP

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Richard Kleis
Signature of Officer Date
RICHARD KLEIS
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **77019** 2. Name of Corporation **Aviation Quality Assurance, Inc.**
3. Street Address Principal Business Office **7091 NW 77th Terrace**
4. Business Phone No. **1-800-788-1729** 5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Wholesale Aircraft Parts

City **Miami** State **FL** Zip **33166**
6. SIC Code **2618**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Richard Kleis**
Street Address **785 Crandon Blvd Apt. 202**
City **Key Biscayne** State **FL** Zip **33149**

Vice President Name
Street Address
City State Zip

Secretary Name **Richard Kleis**
Street Address **785 Crandon Blvd Apt. 202**
City **Key Biscayne** State **FL** Zip **33149**

Treasurer Name **Richard Kleis**
Street Address **785 Crandon Blvd Apt. 202**
City **Key Biscayne** State **FL** Zip **33149**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Richard Kleis**
Street Address **785 Crandon Blvd Apt. 202**
City **Key Biscayne** State **FL** Zip **33149**

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
600 NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 7 7 0 1 9 *

File Date: 3-5-02
Check No.: 3509
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Signature of Officer [Signature] Date 2/27/02
Print or Type Name of Officer RICHARD KLEIS
Title of Officer PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

| | | | | | |
|--|--------------|--|---|---------------------|--------------|
| 1. Corporate ID No. 77019 | | 2. Name of Corporation Aviation Quality Assurance, Inc. | | | |
| 3. Street Address Principal Business Office 7091 NW 77 Terrace | | | City Miami | State FL | Zip 33166 |
| 4. Business Phone No. (305) 888-6331 | | 5. State of Incorporation Rhode Island | | 6. SIC Code 2618 | |
| 7. Brief Description of the Character of Business Conducted in Rhode Island Aviation safety device and other equipment seller | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Richard Kleis | | | Vice President Name None | | |
| Street Address 7091 NW 77 Terrace | | | Street Address | | |
| City Miami | State FL | Zip 33166 | City | State | Zip |
| Secretary Name None | | | Treasurer Name None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Richard Kleis | | | Director Name None | | |
| Street Address 7091 NW 77 Terrace | | | Street Address | | |
| City Miami | State FL | Zip 33166 | City | State | Zip |
| Director Name None | | | Director Name None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> | | | 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 600 | None | no par value | None | | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 3-12-01
Check No.: 3737
By: R
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: Richard Kleis Date: 03/05/01
Print or Type Name of Officer: Richard Kleis
President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **77019** 2. Name of Corporation **Aviation Quality Assurance, Inc.**
3. Street Address Principal Business Office **7091 NW 77 Terrace** City **Miami** State **FL** Zip **33166**
4. Business Phone No. **(305) 888-6331** 5. State of Incorporation **Rhode Island** 6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island
Aviation safety device and other equipment seller

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

| | |
|--|------------------------------------|
| President Name Richard Kleis | Vice President Name None |
| Street Address 7091 NW 77 Terrace | Street Address |
| City Miami State FL Zip 33166 | City State Zip |
| Secretary Name None | Treasurer Name None |
| Street Address | Street Address |
| City State Zip | City State Zip |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

| | |
|--|------------------------------|
| Director Name Richard Kleis | Director Name None |
| Street Address 7091 NW 77 Terrace | Street Address |
| City Miami State FL Zip 33166 | City State Zip |
| Director Name None | Director Name None |
| Street Address | Street Address |
| City State Zip | City State Zip |

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

| AUTHORIZED SHARES | Class/Series | Par Value |
|-------------------|--------------|---------------------|
| Number of Shares | | |
| 600 | None | no par value |

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

| ISSUED SHARES | Class/Series | Par Value |
|------------------|--------------|-----------|
| Number of Shares | | |
| None | | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date: **PAID**
Check No.: **SEP 05 2000**
By: **SECY OF STATE**
FOR SECRETARY OF STATE USE ONLY

00. 117 80 PI
RECEIVED
Signature of Officer: **Richard Kleis** Date: **08/29/00**
Print or Type Name of Officer: **Richard Kleis**
Title of Officer: **President**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **77019** 2. Name of Corporation **Aviation Quality Assurance, Inc.**
3. Street Address Principal Business Office **77 Dr. Wheatland Blvd.** City **Newport** State **RI** Zip **02840**
4. Business Phone No. **(401) 849-9767** 5. State of Incorporation **Rhode Island** 6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island
Aviation safety device and other equipment seller

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

| | | | | | |
|-------------------------------|-----------|--------------|---------------------|-------|-----|
| President Name | | | Vice President Name | | |
| Richard Kleis | | | None | | |
| Street Address | | | Street Address | | |
| 77 Dr. Wheatland Blvd. | | | | | |
| City | State | Zip | City | State | Zip |
| Newport | RI | 02840 | | | |
| Secretary Name | | | Treasurer Name | | |
| None | | | None | | |
| Street Address | | | Street Address | | |
| | | | | | |
| City | State | Zip | City | State | Zip |
| | | | | | |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

| | | | | | |
|-------------------------------|-----------|--------------|----------------|-------|-----|
| Director Name | | | Director Name | | |
| Richard Kleis | | | None | | |
| Street Address | | | Street Address | | |
| 77 Dr. Wheatland Blvd. | | | | | |
| City | State | Zip | City | State | Zip |
| Newport | RI | 02840 | | | |
| Director Name | | | Director Name | | |
| None | | | None | | |
| Street Address | | | Street Address | | |
| | | | | | |
| City | State | Zip | City | State | Zip |
| | | | | | |

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

| AUTHORIZED SHARES | Class/Series | Par Value |
|-------------------|--------------|---------------------|
| 600 | None | no par value |

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

| ISSUED SHARES | Class/Series | Par Value |
|---------------|--------------|-----------|
| None | | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date: **PAID** **SEP 05 2000**
Check No.: **249776**
By: **SECY OF STATE**
FOR SECRETARY OF STATE USE ONLY

00. 114 30 11
Richard Kleis 08/29/00
Signature of Officer Date
Richard Kleis
Director/Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **77019** 2. Name of Corporation **Aviation Quality Assurance, Inc.**
3. Street Address Principal Business Office **77 Dr. Wheatland Blvd.** City **Newport** State **RI** Zip **02840**
4. Business Phone No. **(401) 849-9767** 5. State of Incorporation **Rhode Island** 6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island
Aviation safety device and other equipment seller

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

| | |
|---|---|
| President Name Richard Kleis | Vice President Name None |
| Street Address 77 Dr. Wheatland Blvd. | Street Address None |
| City Newport State RI Zip 02840 | City None State None Zip None |
| Secretary Name None | Treasurer Name None |
| Street Address None | Street Address None |
| City None State None Zip None | City None State None Zip None |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

| | |
|---|---|
| Director Name Richard Kleis | Director Name None |
| Street Address 77 Dr. Wheatland Blvd. | Street Address None |
| City Newport State RI Zip 02840 | City None State None Zip None |
| Director Name None | Director Name None |
| Street Address None | Street Address None |
| City None State None Zip None | City None State None Zip None |

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

| AUTHORIZED SHARES | Class/Series | Par Value |
|-------------------|--------------|---------------------|
| Number of Shares | | |
| 600 | None | no par value |

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

| ISSUED SHARES | Class/Series | Par Value |
|------------------|--------------|-----------|
| Number of Shares | | |
| None | | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: _____ **PAID 100**
Check No.: _____ **SEP 05 2000**
By: _____ **SECY OF STATE**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Richard Kleis 08/29/00
Signature of Officer
Richard Kleis
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **77019** 2. Name of Corporation **Aviation Quality Assurance, Inc.**
3. Street Address Principal Business Office **925 MAIN STREET** City **E. GREENWICH** State **R.I.** Zip **02818**
4. Business Phone No. **401-885-1729** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2618**
7. Brief Description of the Character of Business Conducted in Rhode Island **RESALE AIRCRAFT PARTS**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

| | |
|---|---------------------|
| President Name RICHARD KLEIS | Vice President Name |
| Street Address 28 KINGSTON AVE | Street Address |
| City NEWPORT State RI Zip 02848 | City State Zip |
| Secretary Name | Treasurer Name |
| Street Address | Street Address |
| City State Zip | City State Zip |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

| | |
|---|----------------|
| Director Name RICHARD KLEIS | Director Name |
| Street Address 28 KINGSTON AVE | Street Address |
| City NEWPORT State RI Zip 02848 | City State Zip |
| Director Name | Director Name |
| Street Address | Street Address |
| City State Zip | City State Zip |

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

| AUTHORIZED SHARES | | | ISSUED SHARES | | |
|-------------------|---------------------|-----------|------------------|--------------|-----------|
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 600 SHS | NO PAR VALUE | | NONE | | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2/20/97
Check No.: 2865
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 2-4-97
Print or Type Name of Officer: RICHARD KLEIS
Title of Officer: PRESIDENT

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 77019 2. NAME OF CORPORATION Aviation Quality Assurance, Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 17 6th Ave CITY E. GREENWICH STATE RI ZIP CODE 02810

4. BUSINESS PHONE NO. 401-885-1729 5. STATE OF INCORPORATION RHODE ISLAND 6. SIC CODE 2618

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
RESALE AIRCRAFT PARTS

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME RICHARD KLEIS VICE PRESIDENT NAME _____

STREET ADDRESS 35 PELHAM ST APT D. STREET ADDRESS _____

CITY NEWPORT STATE RI ZIP CODE 02840 CITY _____ STATE _____ ZIP CODE _____

SECRETARY NAME _____ TREASURER NAME _____

STREET ADDRESS _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ CITY _____ STATE _____ ZIP CODE _____

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME _____ DIRECTOR NAME _____

STREET ADDRESS _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ CITY _____ STATE _____ ZIP CODE _____

DIRECTOR NAME _____ DIRECTOR NAME _____

STREET ADDRESS _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ CITY _____ STATE _____ ZIP CODE _____

10. SHARES AUTHORIZED AND ISSUED

| AUTHORIZED SHARES | | | ISSUED SHARES | | |
|-------------------|----------------|-----------|------------------|----------------|-----------|
| NUMBER OF SHARES | CLASS / SERIES | PAR VALUE | NUMBER OF SHARES | CLASS / SERIES | PAR VALUE |
| 600 SHS | NO PAR VALUE | | 600 | | None |

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date: 1/26/96
Check No: 2102
By: CP

Richard Kleis
Signature of Officer
RICHARD KLEIS
Print or Type Name of Officer
PRESIDENT
Title of Officer
1-16-95
Date

State of Rhode Island and Providence Plantations



Office of The Secretary of State
 100 North Main Street
 Providence, Rhode Island 02903-1335
 401-277-3040

ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0077019 Annual Report for the year: 1995

Name of Corporation: Aviation Quality Assurance, Inc.

Business entity organized under the laws of the State of: RI
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
925 MAIN STREET
EAST GREENWICH, RI 02818
 Phone: (401) 885-1729

Brief statement of the character of business conducted in Rhode Island:
RESALE AIRCRAFT PARTS CUSTOMERS
MAINLY IN LATIN AMERICA

THE NAMES OF THE OFFICERS ARE:

| OFFICER | STREET ADDRESS | CITY/STATE | ZIP CODE |
|-----------------------------------|--------------------|------------------------|--------------|
| PRESIDENT <u>RICHARD KLEIS</u> | <u>925 MAIN ST</u> | <u>E. GREENWICH RI</u> | <u>02818</u> |
| VICE PRESIDENT | | | |
| SECRETARY | | | |
| TREASURER | | | |

THE NAMES OF THE DIRECTORS ARE:

| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|------|----------------|------------|----------|
| | | | |
| | | | |
| | | | |

| NUMBER OF SHARES AUTHORIZED (Rider may be attached) | | NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) | |
|---|-------------------------|---|----------------|
| Number of Shares | Class / Series | Number of Shares | Class / Series |
| <u>600</u> | <u>SHS NO PAR VALUE</u> | | |

Date: 3-1 19 95
 By: Richard Kleis
 PRINT OR TYPE NAME OF OFFICER SIGNING: RICHARD KLEIS
 TITLE OF OFFICER SIGNING: PRESIDENT

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

RICHARD KLEIS
 925 MAIN STREET
 EAST GREENWICH RI 02818

PAID
 APR 26 1995
 TP 1602
 SECRETARY OF STATE