

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 213640 (6)
1. Corporation Name
AERONAUTICAL ENGINEERS INC



Principal Place of Business
7765 NW 54 STREET
MIAMI FL 33166-4737
US

Mailing Address
P.O. BOX 661027
MIAMI FL 33166

3. Date Incorporated or Qualified 07/09/1958
3a. Date of Last Report 03/03/1995
4. FEI Number 59-0837487
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
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2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDONALD, DAVID M., ESQ.
C/O MCDONALD & MCDONALD
1393 SW 1ST STREET, SUITE 200
MIAMI FL 33135

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 the applicant

Signature, Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PDS	VOIGHT, BARRY	7765 NW 54 STREET	MIAMI FL 33168-4737	<input checked="" type="checkbox"/>
VPDT	BRASHER, CHARLES	7765 NW 54 STREET	MIAMI FL 33168-4737	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. DELETE	6. CHANGE	7. ADDITION
D	David Sandri	P.O. Box 661027	Miami, FL 33166	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DT	Marli Sandri	P.O. Box 661027	Miami, FL 33166	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P	Charles Perry	P.O. Box 661027	Miami, FL 33166	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP & S	David M. Sandri	P.O. Box 661027	Miami, FL 33166	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Charles E. Perry (P) 4-12/96 305 594 5802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)