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FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 213640

(6)

1. Corporation Name

AERONAUTICAL ENGINEERS INC

Principal Place of Business

7765 NW 64 STREET
MIAMI FL 33166-4737
US

Mailing Address

P.O. BOX 661027
MIAMI FL 33266-1027



3. Date Incorporated or Qualified

07/09/1958

3a. Date of Last Report

04/17/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81

Name

ROY A. SANDRI

82

Street Address (P.O. Box Number is Not Acceptable)

8490 NW 68 STREET

83

84

City

MIAMI

FL

85

Zip Code

33166

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]
Signature, typed or printed name of registered agent and title if applicable

ROY SANDRI

(NOTE: Registered Agent signature required when reinstating)

2/25/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME SANDRI, DAVID
STREET ADDRESS P.O. BOX 661027
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

DT
NAME SANDRI, MARLI
STREET ADDRESS P.O. BOX 661027
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

P
NAME PERRY, CHARLES
STREET ADDRESS P.O. BOX 661027
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

VPS
NAME SANDRI, DAVID M.
STREET ADDRESS P.O. BOX 661027
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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: *[Signature]* DAVID SANDRI 2-25-97

CR2E034 (9/96)