

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

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90061 024 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 396442

1. Corporation Name  
**AIRCRAFT ELECTRIC MOTORS, INC.**

Principal Place of Business  
 7300 NW 54TH STREET  
 MIAMI FL 33166

Mailing Address  
 7300 NW 54TH STREET  
 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/25/1972**

4. FEI Number  
**59-1398137**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLOT, WILLIAM A.  
 6840 S.W. 119TH STREET  
 MIAMI FL 33156

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PD                     | <input type="checkbox"/> DELETE |
| NAME           | CLOT, WILLIAM A.       |                                 |
| STREET ADDRESS | 6840 S.W. 119TH STREET |                                 |
| CITY-ST-ZIP    | MIAMI FL               |                                 |
| TITLE          | D                      | <input type="checkbox"/> DELETE |
| NAME           | CLOT, ARCHLYN B.       |                                 |
| STREET ADDRESS | 6840 S.W. 119TH STREET |                                 |
| CITY-ST-ZIP    | MIAMI FL               |                                 |
| TITLE          | VD                     | <input type="checkbox"/> DELETE |
| NAME           | JOHNSON, LESTER R.     |                                 |
| STREET ADDRESS | 3020 SW 114 AVENUE     |                                 |
| CITY-ST-ZIP    | MIAMI FL               |                                 |
| TITLE          | DST                    | <input type="checkbox"/> DELETE |
| NAME           | CLOT, STEPHEN J.       |                                 |
| STREET ADDRESS | 7300 NW 54TH ST        |                                 |
| CITY-ST-ZIP    | MIAMI FL               |                                 |
| TITLE          | D                      | <input type="checkbox"/> DELETE |
| NAME           | RIVERO, MANUEL S.      |                                 |
| STREET ADDRESS | 8481 DUNDEE TERRACE    |                                 |
| CITY-ST-ZIP    | MIAMI LAKES FL         |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>C</b>   |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | <b>PSTD</b>  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 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, with all other like empowered.

SIGNATURE: **STEPHEN J. CLOT** 3-25-99 305-8859476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 (11/98)