

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95260** (8)

1. Corporation Name

AEROPOOL SERVICES, INC.



Principal Place of Business

**7867-69 NW 52 ST
MIAMI FL 33166**

Mailing Address

**PO BOX 523908
MIAMI FL 33152
US**

2. Principal Place of Business

21 **7857 N.W. 52nd St**

Suite, Apt. #, etc.

22 **MIAMI FLA.**

23 **MIAMI FL**

24 **33166**

25 **U.S.A.**

2a. Mailing Address

26 **P.O. Box 526970**

Suite, Apt. #, etc.

27 **MIAMI FL.**

28 **MIAMI FL.**

29 **33152**

30 **U.S.A.**

3. Date Incorporated or Qualified

08/05/1982

3a. Date of Last Report

02/28/1995

4. FEI Number

59-2213395

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

**RIVERA, JUAN
6311 NW 38 TERR
MIAMI FL 33184**

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, if not a third party agent

Signature typed or printed name of registered agent, if not a third party agent

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
RIVERA, JUAN
6311 NW 38 TERR
MIAMI FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

15 TITLE ☐ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY - ST - ZIP

19 TITLE ☐ Change ☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY - ST - ZIP

23 TITLE ☐ Change ☐ Addition

24 NAME

25 STREET ADDRESS

26 CITY - ST - ZIP

27 TITLE ☐ Change ☐ Addition

28 NAME

29 STREET ADDRESS

30 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

35 TITLE ☐ Change ☐ Addition

36 NAME

37 STREET ADDRESS

38 CITY - ST - ZIP

39 TITLE ☐ Change ☐ Addition

40 NAME

41 STREET ADDRESS

42 CITY - ST - ZIP

43 TITLE ☐ Change ☐ Addition

44 NAME

45 STREET ADDRESS

46 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

305-594-4555

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