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PROFIT CORPORATION **ANNUAL REPORT**

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

G04089

(0)

AEROCAPAS, INC.

Secretary of State

FILED

Apr 27 1998 8:00am

Principal Place	e of Business	Mailing Address							OLDIN OLDIN ADDR
512 FRONT ST 512 FRONT ST KEY WEST FL 83040 KEY WEST FL 83040)			DO NOT WRIT	E IN THIS	SPACE	
						3. Date Incorporated or Qualified		017102	<u></u>
						10/08/1982			
	ace of Business	2a. Mailing Address				4. FEI Number		Α	pplied For
21		26				59-2234981			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22 City & Stato		City & State						Required	
23	•	28				6. Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes or has p			
24	25	29	30			Personal Property Tax due Jur			□ No
	9, Name and Address of Cur	rrent Registered Agent				10. Name and Address of New P	egistered	Agent	
	APAS, JEFFREY G			81	Name				
	12 FRONT ST.			82	Street Addr	ress (P.O. Box Number is Not Accepta	able)		
į K	EY WEST FL 33040			83					
İ				84	City		FL	85 Zip	Code
11. Pursuant i	to the provisions of Sections 607.0	0502 and 607.1508, Florida Stat	utes, the a	pove-i	named corp	poration submits this statement for the tion's board of directors. I hereby acc		f changing i	its registered
office or re agent. I a	egistered agent, or both, in the St m familiar with, and accept the of	iate of Horida. Such change was oligations of, Section 607 0505.	s authorize Florida Stat	d by t tutes.	he corporat	tion's board of directors. I hereby acc	ept the app	pointment as	s registered
SIGNATURE									
	Signature typed or printed name of registeres			d Agent	signature requir	red when reinstaling)	DATE		
12.	OF FICE RS	AND DIRECTORS	13.		signature requir	red when reinstalling) ADDITIONS/CHANGES TO OFF			
12.	OFFICERS PD		13. 1.1 TI	īιε	signature requir			D DIRECTOI	RS IN 12
12. TITLE NAME	OFFICERS PD CAPAS, DANTE	AND DIRECTORS	13. 1.1 TI 1.2 No	TLE AME					
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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 aurual 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