

**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 # **L40146** (7)

1. Corporation Name  
**AEROCRAFT INTERNATIONAL, INC.**



Principal Place of Business: 7403 SW 42ND ST. MIAMI FL 33155 US  
Mailing Address: 7403 SW 42ND ST. MIAMI FL 33155 US

2. Principal Place of Business: 21 2953 DAY AVE, Suite, Apt. #, etc. 22 MIAMI FL 33133 USA  
2a. Mailing Address: 26 P.O. BOX 331404, Suite, Apt. #, etc. 27 MIAMI FL 33233-1404 USA

3. Date Incorporated or Qualified: 12/27/1989  
3a. Date of Last Report: 04/04/1995  
4. FEI Number: 65-0013949  
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  
10. Name and Address of New Registered Agent

g. Name and Address of Current Registered Agent  
BARTOCCI, GEORGE C.  
3850 IRVINGTON AVE  
COCONUT GROVE FL 33138

81 Name: BARTOCCI GEORGE C  
82 Street Address (P.O. Box Number is Not Acceptable): 2953 DAY AVENUE  
83  
84 City: MIAMI FL 85 Zip Code: 33133

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and filer (if not filer) (Note: Registered Agent Signature required when not filer)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARTOCCI, GEORGE C.	
STREET ADDRESS	3850 IRVINGTON AVE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FRANCO, DELINA M.	
STREET ADDRESS	3850 IRVINGTON AVE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2953 DAY AVENUE
1.4 CITY-ST-ZIP	MIAMI FL 33133
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	5 GEORGE C BARTOCCI
2.3 STREET ADDRESS	2953 DAY AVE
2.4 CITY-ST-ZIP	MIAMI FL 33133
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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 do hereby certify that the information supplied with this filing is truthfully 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, changed in accordance with an address.

SIGNATURE: **GEORGE C BARTOCCI** 3-15-96 305-445-4888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)