SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

1996

| • | 1996 | DIVISION OF C | CORPORATIONS | | | |
|--|---|--|---|---|--|--|
| DOCUN 1. Corporation | MENT # P9400 | 00036318 (1 |) | | | |
| AIR JE | T SCALE MODELS, INC. | | | 1 IRRINERI EIR HEILE REGAL REAL ARLIE | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | |
| Principal Place | of Business | Mailing Address | | a naminaan nim imini minin manil manil m | nini metare estim atimo tilor (1001 1011 168) | |
| 8500 N.W. 79TH AVE. HALEAH FL 33016 | | 9500 N.W. 79TH AVE. HIALEAH FL 33016 | | | | |
| | | | | 3. Date Incorporated or Qualified 05/13/1994 | 3a. Date of Last Report | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | 4. FEI Number | 07/06/1995 Applied For | |
| 21 26 Suite, Apt #, etc. Sui | | | | 65-0489682 | Not Applicable | |
| 22 27 | | Suite, Apt #, etc | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing | □ \$5.00 May Be | |
| 23 | | 28 | y | Trust Fund Contribution | Added to Fees | |
| Zip 24 | Country 25 | Ζιρ 29 | Country 30 | This corporation has liability for a Florida Statutes | ntangible (ax under s. 199.032, Yes X No | |
| | 9. Name and Address of Curre | nt Registered Agent | | 10. Name and Address of New Reg | pistered Agent | |
| GL | JTIERREZ, JULIO | | 81 Name | | • | |
| 9500 N.W. 79TH AAVE. | | | 82 Street Add | Address (P.O. Box Number is Not Acceptable) | | |
| HV | ALEAH FL 33016 | | 83 | | | |
| | | | 24 0 | | | |
| | | | 84 City | | FL 85 Zip Code | |
| Pursuant to office or re | o the provisions of Sections 607 050 gistered agent, or both, in the State | 02 and 607.1508, Florida Statute of Florida, Such change was a | s, the above-named corp | oration submits this statement for the pu on's board of directors. I hereby accept | rpose of changing its registered | |
| agent. I an | n familiar with, and accept the oblig | ations of, Section 607.0505, Flo | rida Stalutes | one bound of directors i filledly ascept | are appointment as registered | |
| SIGNATURE 3 | Signature Typed or printed name of registered ago | ent and title if applicable (NC)T | E. Rogistered Agent signature requi | red when re-ristaling. | (pA)t | |
| 12. | | ID DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | | |
| TITLE | PD | DELETE | 1 1 TITLE | | Change Addition | |
| NAME STREET ADDRESS | GUTIERREZ, JULIO 9500 N.W. 79TH AVE. | | 1.2 NAME | | | |
| CITY-ST-ZIP | HIALEAH GARDENS FL 330 | 116 | 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP | | | |
| TITLE | VD VD | DELETE | 21 Tifte | | Change Addition | |
| NAME | GUTIERREZ, NEYSI | | 22 NAME | | | |
| STREET ADDRESS | 9500 N.W. 79TH AVE. | | 2 3 STREET ADDRESS | | | |
| CITY-ST-ZIP | HIALEAH GARDENS FL 330 | | 2 4 CHY - ST - ZIP | | | |
| TITLE NAME | | DELETE | 3 1 TITLE | | Change Addition | |
| STREET ADDRESS | | | 3.2 NAME 3.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | 3.4 DITY - S7 - ZIP | | | |
| TITLE | | DELETE | 4 1 TIFLE | | Change Addition | |
| NAME | | | 4 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.4 CITY - ST - ZIP 5.1 TITLE | | Change Addition | |
| NAME | | <u> </u> | 5 2 NAME | | - a -a - 3a - 1 - 1 - 1 - 1 - 1 | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5 4 CITY - ST - ZIP | | | |
| TITLE | | DELETE | 6 1 TITLE | | Change Addition | |
| NAME STREET ADDRESS | | | 6.2 NAME | | | |
| CITY-ST-ZIP | | | 6.3 STREET ADORESS 6.4 City - St - Zip | | | |
| 14. I do hereby | y certify that the information supplie | d with this filing is voluntarily fur | nished and does not qual | ify for the exemption stated in Section 1 | 19 07(3)(k), Florida Statutes 1 | |
| turther cert | tify that the information indicated on | ithis annual report or suppleme | ntal annual report is true a | and accurate and that my signature shall dito execute this report as required by C | have the same legal offers as if | |
| | 1801 1111 | y unayiged, or on all attachmen | i wiin ah duuress | | | |
| SIGNATI | JRE: SIGNATURE AND TYPED OF | PRINTED NAME OF SIGNING OFFICER | OR DIRECTOR | Date: | Oaytme Pt.one # | |
| | · · / | | | | | |