

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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90046 010 \*\*\*150.00

0505118

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P96000007678**

1. Corporation Name  
**AERO L'AQUILA, INC.**



Principal Place of Business  
**606 N. DYER BLVD  
 KISSIMMEE FL 34741  
 US**

Mailing Address  
**606 N. DYER BLVD  
 KISSIMMEE FL 34741  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/16/1996**

4. FEI Number  
**59-3366780**

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 owes the current year intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

10. Name and Address of New Registered Agent

81 Name **Giacomo Panaro**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3201 B. Blue Heron Dr.**

84 City **Kissimmee** FL 85 Zip Code **34741**

9. Name and Address of Current Registered Agent  
**SANTOS, PABLO J  
 125 DELAWARE WOODS CT  
 ORLANDO FL 32824**

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANARO, GIACOMO	1.2 NAME
STREET ADDRESS	3121 B. BLUE HERON DR.	1.3 STREET ADDRESS
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULGENZI, ANGELO	2.2 NAME
STREET ADDRESS	3121 B. BLUE HERON DR.	2.3 STREET ADDRESS
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP
TITLE	VPTS <input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIACONA, PANORA	3.2 NAME
STREET ADDRESS	3121 B BLUE HERON DR	3.3 STREET ADDRESS
CITY-ST-ZIP	KISSIMMEE FL 34741	3.4 CITY-ST-ZIP
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELO, FULGENZI	4.2 NAME
STREET ADDRESS	3121 B BLUE HERON DR	4.3 STREET ADDRESS
CITY-ST-ZIP	KISSIMMEE FL 34741	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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: *[Signature]* **AC VICE-PRESIDENT** Date **04/27/99** Daytime Phone # **407 9312261**

CR2E034 (11/98)