FILE NOW: FILING FEE AFTER MAY 1 IS $55

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mor
Secretary of S
DIVISION OF CORPS

DOCUMENT # **P96000029941 (7)**

1. Corporation Name
AESOR, INC.

Principal Place of Business	Mailing Address
7030 HALF MOON CIRCLE HYPOLUXO FL 33462	7030 HALF MOON CIRCLE HYPOLUXO FL 33462-5400

3. Date Incorporated or Qualified: 04/05/1996	3a. Date of Last Report: N/A
4. FEI Number: 65-0656165	X 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	

2. Principal Place of Business	2a. Mailing Address
21 7030 HALF MOON CR	26 7030 HALF MOON CR
Suite, Apt. #, etc. 22 # 117	Suite, Apt. #, etc. 27 # 117
City & State 23 HYPOLUXO, FL	City & State 28 HYPOLUXO, FLORIDA
Zip / Country 24 33462 / 25 Palm Beach	Zip / Country 29 33462 / 30 Palm Beach

9. Name and Address of Current Registered Agent

REED, ANDREA E
7030 HALF MOON CIRCLE
HYPOLUXO FL 33462

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City FL 35 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: Andrea Reed DATE: April 28, 1997
Signature of or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	ANDREA REED	
STREET ADDRESS	7030 HALF MOON CR	
CITY-ST-ZIP	HYPOLUXO, FL 33462	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1		☐ Change ☐ Addition
2		☐ Change ☐ Addition
3		☐ Change ☐ Addition
4		☐ Change ☐ Addition
5		☐ Change ☐ Addition
6		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED Andrea Reed April 28, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #