

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

FILED

**May 19 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000028317 (0)
1. Corporation Name
AERO-MAR, INC.



Principal Place of Business: 13506 NE 23 PLACE NO MIAMI FL 33181
Mailing Address: 13506 NE 23 PLACE NO MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 2600 NE 135th ST, Suite, Apt. #, etc. 22 Apt 2-C, City & State 23 North Miami, FL, Zip 24 33181, Country 25 US
2a. Mailing Address: 26 8563 SW 113th CT, Suite, Apt. #, etc. 27 Miami, FL, Zip 29 33173, Country 30 US

3. Date Incorporated or Qualified: 03/25/1997
4. FEI Number: 650 759 397
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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: AVERA, TROY G JR, 13506 NE 23 PLACE, NO MIAMI FL 33181
10. Name and Address of New Registered Agent: 81 Name: TROY G. AVERA, JR, 82 Street Address (P.O. Box Number is Not Acceptable): 999 Brickell Ave, 83 Ste 505, 84 City: Miami, FL, 85 Zip Code: 33131

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: *Troy G. Avera, Jr.* TROY G. AVERA, JR. 4/25/98
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D VP | 1.2 NAME | |
| STREET ADDRESS | AVERA, TROY G JR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | 13506 NE 23 PLACE | 1.4 CITY-ST-ZIP | |
| | NO MIAMI FL 33181 | 2.1 TITLE | D P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 2.2 NAME | Jackson Perreault |
| NAME | | 2.3 STREET ADDRESS | 2600 NE 135th ST, #2-C |
| STREET ADDRESS | | 2.4 CITY-ST-ZIP | North Miami, FL 33181 US |
| CITY-ST-ZIP | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 3.2 NAME | |
| NAME | | 3.3 STREET ADDRESS | |
| STREET ADDRESS | | 3.4 CITY-ST-ZIP | |
| CITY-ST-ZIP | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 4.2 NAME | |
| NAME | | 4.3 STREET ADDRESS | |
| STREET ADDRESS | | 4.4 CITY-ST-ZIP | |
| CITY-ST-ZIP | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 5.2 NAME | |
| NAME | | 5.3 STREET ADDRESS | |
| STREET ADDRESS | | 5.4 CITY-ST-ZIP | |
| CITY-ST-ZIP | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 6.2 NAME | |
| NAME | | 6.3 STREET ADDRESS | |
| STREET ADDRESS | | 6.4 CITY-ST-ZIP | |
| 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.

SIGNATURE: *Troy G. Avera, Jr.* TROY G. AVERA, JR. 3/25/98

CFR2E034 (10/97)