

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

FILED
May 13 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 # P97000040031 (1)

1. Corporation Name
AERO JET INTERNATIONAL, INC.



Principal Place of Business
4222 INVERRARY BLVD SUITE 4407 FT LAUDERDALE FL 33319

Mailing Address
4222 INVERRARY BLVD SUITE 4407 FT LAUDERDALE FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/02/1987

2. Principal Place of Business
21 1995 W. Commercial Blvd

2a. Mailing Address
26 4631 NW 31st Avenue

4. FEI Number
65-0750314

Suite, Apt. #, etc.
22 Suite G

Suite, Apt. #, etc.
27 Suite 220

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23 Ft. Lauderdale, FL

City & State
28 Tamarac, FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip
24 33309

Country
25 USA

Zip
29 33309

Country
30 USA

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

10. Name and Address of New Registered Agent

BERCOVICI, JACOBO
4222 INVERRARY BLVD SUITE 4407 FT LAUDERDALE FL 33319

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	BERCOVICI, JACOBO
STREET ADDRESS	4222 INVERRARY BLVD SUITE 4407
CITY-ST-ZIP	FT LAUDERDALE FL 33319
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	D/V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bercovici, Jacobo
1.3 STREET ADDRESS	4222 Inverrary Blvd. Suite 4407
1.4 CITY-ST-ZIP	Ft. Lauderdale FL 33319
2.1 TITLE	D/P/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hayman, Stuart W.
2.3 STREET ADDRESS	4222 Inverrary Blvd. Suite 4407
2.4 CITY-ST-ZIP	Ft. Lauderdale FL 33319
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 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: *Stuart W. Hayman* **STUART HAYMAN** 4-20-98 954-730-9300

CR2E034 (10/97)