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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H95313** (3)

1. Corporation Name

**AEROSPACE ACCESSORY SERVICES, INC.**



Principal Place of Business

Mailing Address

8283 NW 64TH ST  
UNIT 4  
MIAMI FL 33166

8283 NW 64TH STREET  
UNIT #4  
MIAMI FL 33166  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARNARD, ANDREW ESQ**  
**3081 SALZEDO**  
**SUITE 302**  
**CORAL GABLES FL 33134**

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

*Vivien Morris*

**Vivien Morris**

**1/19/96**

(NOTE: Registered Agent signature required when nonexisting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT** ☒ DELETE

NAME **MORRIS, VIVIAN H.**  
STREET ADDRESS **8283 NW 64TH ST, BAY #4**  
CITY, ST, ZIP **MIAMI FL**

TITLE **VS** ☒ DELETE

NAME **MORRIS, LEE**  
STREET ADDRESS **8283 NW 64TH ST, BAY #4**  
CITY, ST, ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY, ST, ZIP ☐ DELETE

TITLE ☐ DELETE

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CITY, ST, ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY, ST, ZIP ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**PTS. MORRIS, VIVIAN H.** ☒ Change ☐ Addition

**8283 NW 64TH ST BAY #4**

**MIAMI, FL 33166** ☒ Change ☐ Addition

**MORRIS, LEE** ☒ Change ☐ Addition

**8283 NW 64TH ST BAY #4**

**MIAMI, FL 33166** ☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Vivien Morris*

**Vivien Morris**

**1/19/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)