

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000081305

Entity Name: AVIATION ENGINEERED SERVICES CORP.**Current Principal Place of Business:**3000 TAFT STREET
HOLLYWOOD, FL 33021**Current Mailing Address:**3000 TAFT STREET
HOLLYWOOD, FL 33021**FEI Number:** 27-1049795**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PALLOT, JOSEPH WESQ.
825 BRICKELL BAY DRIVE
SUITE 1644
MIAMI, FL 33131 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VICE PRESIDENT AND GENERAL MANAGER
Name	LLORET, OMAR
Address	7875 NW 64 STREET
City-State-Zip:	MIAMI FL 33166

Title	SECRETARY
Name	LETENDRE, ELIZABETH R.
Address	3000 TAFT STREET
City-State-Zip:	HOLLYWOOD FL 33021

Title	ASST. SECRETARY
Name	VETTER, JUDITH W.
Address	825 BRICKELL BAY DRIVE SUITE 1644
City-State-Zip:	MIAMI FL 33131

Title	TREASURER
Name	MACAU JR., CARLOS L.
Address	3000 TAFT STREET
City-State-Zip:	HOLLYWOOD FL 33021

Title	CONTROLLER
Name	JONES, ROSA
Address	7875 NW 64 STREET
City-State-Zip:	MIAMI FL 33166

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS L. MACAU JR.**TREASURER****03/22/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date