

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000081305

Entity Name: AVIATION ENGINEERED SERVICES CORP.**Current Principal Place of Business:**7875 N.W. 64 STREET
MIAMI, FL 33166**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 | VPGM |
| Name | LLORET, OMAR |
| Address | 7875 NW 64 STREET |
| City-State-Zip: | MIAMI FL 33166 |

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

| | |
|-----------------|------------------------------|
| Title | ASEC |
| Name | VETTER, JUDITH W |
| Address | 825 BRICKELL BAY DRIVE #1644 |
| City-State-Zip: | MIAMI, FL 33131 |

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

| | |
|-----------------|-------------------|
| Title | CON |
| 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****02/27/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date