

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90165 049 ***150.00

DOCUMENT # 156616

1. Corporation Name
THOMPSON AEROSPACE, INC.

Principal Place of Business
7775 NW 12TH STREET
MIAMI FL 33126

Mailing Address
7775 NW 12TH STREET
MIAMI FL 33126



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1948

4. FEI Number

13-3638733

Applied For

Not Applicable

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 the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 8512 NW 66th Street

Suite, Apt. #, etc.

22 City & State

23 Miami, FL

24 Zip

33166

Country

25 USA

2a. Mailing Address

26 c/o Faust Rabbach & Oppenheim

Suite, Apt. #, etc.

27 488 Madison Avenue, 10 Fl

City & State

28 New York, NY

Zip

10022

Country

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE
NAME CHARVILLAT, R
STREET ADDRESS 7775 NW 12TH ST
CITY-ST-ZIP MIAMI FL 33126

TITLE V ☐ DELETE
NAME FAUST, D
STREET ADDRESS 488 MADISON AVE
CITY-ST-ZIP NEW YORK NY 10022

TITLE VTD ☒ DELETE
NAME O'MEALLY, S.A.
STREET ADDRESS 7775 NW 12TH STREET
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/P/D ☒ Change ☐ Addition
1.2 NAME CHARVILLAT, R.
1.3 STREET ADDRESS 8512 NW 66th Street
1.4 CITY-ST-ZIP Miami, FL 33166

2.1 TITLE V/T ☒ Change ☐ Addition
2.2 NAME FAUST, D
2.3 STREET ADDRESS 488 Madison Avenue
2.4 CITY-ST-ZIP New York, NY 10022

3.1 TITLE S ☒ Change ☒ Addition
3.2 NAME LEFKOWITZ, L.
3.3 STREET ADDRESS 488 Madison Avenue
3.4 CITY-ST-ZIP New York, NY 10022

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/99

Date

212-751-7700

Daytime Phone #

0180456

CR2E034 (11/98)