

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 200011 (5)
1. Corporation Name
AERO SYSTEMS AVIATION CORP.



Principal Place of Business Mailing Address
**5415 NW 36TH ST
MIAMI FL 33166-5899** **P.O. BOX 52-2221
MIAMI FL 33152-2221**

3. Date Incorporated or Qualified **02/16/1957** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-0772795** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**LEWIS, RICHARD C., ESQ.
799 BRICKELL PLAZA
STE 702 BRICKELL CENTRE
MIAMI FL 33131**

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 then applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	DCST
NAME	RYAN, RONALD D.	1.2 NAME	John Titus
STREET ADDRESS	6810 W KELLOG	1.3 STREET ADDRESS	1602 Pike St. NW
CITY-ST-ZIP	WICHITA KS	1.4 CITY-ST-ZIP	Auburn, WA 98001
TITLE	PD	2.1 TITLE	DP
NAME	HOLMES, R. EDWARD	2.2 NAME	Jeffrey Stabile
STREET ADDRESS	5415 NW 36TH ST.	2.3 STREET ADDRESS	1602 Pike St. NW
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Auburn, WA 98001
TITLE	VT	3.1 TITLE	D
NAME	DARNELL, D. WAYNE	3.2 NAME	Mary Ann Burns
STREET ADDRESS	5415 NW 36TH ST.	3.3 STREET ADDRESS	1602 Pike St. NW
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Auburn, WA 98001
TITLE	VS	4.1 TITLE	
NAME	PEARCE, DENNIS A.	4.2 NAME	
STREET ADDRESS	5415 NW 36TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/96

DATE

DAYTIME PHONE

CR2E034 (3/96)