

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # 213640 (6)

1. Corporation Name
AERONAUTICAL ENGINEERS INC

95 MAR -3 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
7866 N.W. 62ND STREET MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|--|--------------------------|---|--------------------------|---|--|
| 2. Principal Place of Business 21 7301 NW 32 AVE | | 2a. Mailing Address 26 7301 NW 32 AVE | | 3. Date Incorporated or Qualified 07/09/1958 | 3a. Date of Last Report 01/19/1994 |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number 59-0837487 | |
| 23 City & State MIAMI FL | | 28 City & State MIAMI FL | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 Zip 33147 | 25 Country USA | 29 Zip 33147 | 30 Country USA | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent ESTAPE, CARLOS 1780 SW 139 PL MIAMI FL 33175 | | | | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent ESTAPE, CARLOS 1780 SW 139 PL MIAMI FL 33175 | | | | 10. Name and Address of New Registered Agent | |
| 81 Name | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | | | 84 City | |
| | | | | 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 of Registered Agent required when registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|----------------------------------|---|---|
| TITLE PD | NAME ESTAPE, CARLOS R. | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1780 SW 139 PL | CITY, ST, ZIP MIAMI FL | 12 NAME | |
| | | 13 STREET ADDRESS | |
| | | 14 CITY - ST - ZIP | |
| TITLE D | NAME ADDISON, RAE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 8100 S. W. 128TH STREET | CITY, ST, ZIP MIAMI FL | 22 NAME | |
| | | 23 STREET ADDRESS | |
| | | 24 CITY - ST - ZIP | |
| | | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 32 NAME | |
| | | 33 STREET ADDRESS | |
| | | 34 CITY - ST - ZIP | |
| | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 42 NAME | |
| | | 43 STREET ADDRESS | |
| | | 44 CITY - ST - ZIP | |
| | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 52 NAME | |
| | | 53 STREET ADDRESS | |
| | | 54 CITY - ST - ZIP | |
| | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 62 NAME | |
| | | 63 STREET ADDRESS | |
| | | 64 CITY - ST - ZIP | |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is not required by the corporation stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information is included 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Item 12 or Item 13 of this report. My commission expires on _____ with an address _____

SIGNATURE: Carlos R. Estape **CARLOS R. ESTAPE** 2/27/95 305-6932400
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR