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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995 **AMENDED**

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

DOCUMENT # 213640  
1. Corporation Name  
**AERONAUTICAL ENGINEERS, INC.**

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21 7765 N.W. 54 Street	26 P.O. Box 661027	59-0837487	07/09/58 01/19/94
22 Suite/Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State Miami, Florida	28 City & State Miami, Florida	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 33166-4737	25 Country Dade	29 Zip 33166	30 Country Dade

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name	David M. McDonald, Esq.
		82 Street Address (P.O. Box Number is Not Acceptable)	c/o McDonald & McDonald
		83	1393 S.W. 1st Street, Suite 200
		84 City	Miami
		85 Zip Code	FL 33135

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 *David M. McDonald* DATE 6/5/95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President, Director, Secretary	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barry Voight	1.2 NAME	
STREET ADDRESS	7765 N.W. 54 Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33166-4737	1.4 CITY-ST-ZIP	
TITLE	Vice President, Director, Treasurer	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Brasher	2.2 NAME	
STREET ADDRESS	7765 N.W. 54 Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33166-4737	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(3)(k), Florida Statutes. I further certify that the information 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; 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 (change), or on an attachment with an address.

SIGNATURE: *Charles H. Brasher* DATE 6/7/95 (305) 574-5802  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR