

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **213640** (6)
1. Corporation Name
AERONAUTICAL ENGINEERS INC



Principal Place of Business Mailing Address
7765 NW 54 STREET MIAMI FL 33166-4737 US **P.O. BOX 661027 MIAMI FL 33166**

3. Date Incorporated or Qualified **07/09/1958** 3a. Date of Last Report **03/03/1995**
4. FEI Number **59-0637487** 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 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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**MCDONALD, DAVID M., ESQ.
C/O MCDONALD & MCDONALD
1393 SW 1ST STREET, SUITE 200
MIAMI FL 33135**

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 _____ DATE _____
Signature typed or printed name of registered agent and the applicant (Name of Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		
TITLE	PDS VOIGHT, BARRY	<input checked="" type="checkbox"/> DELETE
NAME	7765 NW 54 STREET	
STREET ADDRESS	MIAMI FL 33168-4737	
CITY-ST-ZIP		
TITLE	VPDT BRASHER, CHARLES	<input checked="" type="checkbox"/> DELETE
NAME	7765 NW 54 STREET	
STREET ADDRESS	MIAMI FL 33168-4737	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D David Sandri	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P.O. Box 661027	
1.3 STREET ADDRESS	Miami, FL 33166	
1.4 CITY-ST-ZIP		
2.1 TITLE	DT Marli Sandri	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	P.O. Box 661027	
2.3 STREET ADDRESS	Miami, FL 33166	
2.4 CITY-ST-ZIP		
3.1 TITLE	P Charles Perry	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	P.O. Box 661027	
3.3 STREET ADDRESS	Miami, FL 33166	
3.4 CITY-ST-ZIP		
4.1 TITLE	VP & S David M. Sandri	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	P.O. Box 661027	
4.3 STREET ADDRESS	Miami, FL 33166	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Charles E Perry* **CHARLES E PERRY (P)** 4-12/96 305 594 5802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)