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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 406385

(5)

Mailing Address

UNITED AERODYNAMICS CORPORATION

FILED
Feb 13 1997 8:00am
Secretary of State



4665 PARIS ST SUITE 150 DENVER CO 80 US		PO BOX 52-6145 MIAMI FL 33152-6145 US		Date Incorporated or Qualified	3a. Date of Last Report
				08/07/1972	04/01/1996
2. Principal Pt	ace of Business	2a. Mailing Address		4. FEI Number 59-1411328	Applied For Not Applicab
Suite, Apt. :	⊭, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
<i>Ζ</i> φ	Country	Zip	Country	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes 🔀 No
24	25 9. Name and Address of Curre	29 29 Agent	30	10. Name and Address of New Re	
വു	BRIDE, JAMES F.		81 Name		
	BISCAYNE TOWER, 15TH FLO	OR	82 Street Add	dress (P.O. Box Number is Not Acceptab	ulo)
	D. BISCAYNE BLVD.		62 Street Add	iress (P.O. Box Number is Not Acceptate	10)
	MI FL 33131		83		
			84 City		85 Zip Code
			1 1 7		FL T
office or n	to the provisions of Soctions 607.05 egistered agent, or both, in the Stat rn familiar with, and accept the obli	e of Florida. Such change wa	as authorized by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered at the appointment as registered
SIGNATURE		A section of the sect	NOTE: Registered Agent signature requ	ind when relation)	DATE
12.	Signarure, typed or printed name of registered at OFFICERS AL	gent and title If applicable. (F ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1,1 TITLE		Change Additi
NAME	YURGEALITIS, JOHN P		1.2 NAME		
STREET ADDRESS	%4665 PARIS ST, #150		1.3 STREET ADDRESS		
CITY-ST-ZIP	DENVER CO 80239		1.4 CiTY-ST-ZiP		
TITLE	VTD	DELETE	2.1 TITLE		Change Additi
NAME	MARTINEZ, MANUEL R		2.2 NAME		
STREET ADDRESS	%4665 PARIS ST, #150		2.3 STREET ADDRESS		
CHTY-S1-ZIP	DENVER CO 80239		2. 4 CITY - ST - ZIP		
1:11.E	SD	☐ DELETE	3.1 TITLE		Change Additi
NAME	CANTILLO, ABELARDO M		3.2 NAME		
STREET ADDRESS	%4665 PARIS ST, #150		3.3 STREET ADDRESS		
CITY - ST - ZIP	DENVER CO 80239	DELETE	3 4, CITY-ST-ZIP		Change Additi
TITLE			4.1 TITLE		Cal ordange Cal Additi
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - 7/P		DELETE	4.4 CITY-ST-ZIP		Change Additi
TITLE		בן סננכונ	5.1 TITLE		Prints Assert All A Prints Little In
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		•
CHY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addit
TITLE		En petere	6.2 NAME		manus &
NAME CONSET ADDRESS			6.3 STREET ADDRESS		
STREET ADDRESS			i		
CITY-ST-ZII	by partify that the intermating suppl	ind with this filling does not a	6.4 CITY-ST-ZIP	ed in Section 119.07(3)(i), Florida Statute	as I further certify that the

I do 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 popuration 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 is if hanged, or on an attachment with an address.

SIGNATURE

SNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

J2/06/97

305 594-0400

e Phone #