

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -6 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 534366 (0)

1. Corporation Name

AERO WELDING & MACHINING INC.

Principal Place of Business

13061 N.W. 43RD AVE.
OPA LOCKA FL 33054

Mailing Address

13061 N.W. 43RD AVE.
OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/18/1977

3a. Date of Last Report
03/14/1994

4. FEI Number
59-1744658

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

HERRING, JOHN W
1011 NW 98 TERR
PEMBROKE PINES FL 33024

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 of the corporation and registered agent and the President

DATE Registered Agent Signature required when necessary

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME
P HERRING, JOHN W.
1011 NW 98 TERR
PEMBROKE PINES FL

12.2 NAME
12.3 STREET ADDRESS
12.4 CITY - ST - ZIP

12.5 NAME
12.6 STREET ADDRESS
12.7 CITY - ST - ZIP

12.8 NAME
12.9 STREET ADDRESS
12.10 CITY - ST - ZIP

12.11 NAME
12.12 STREET ADDRESS
12.13 CITY - ST - ZIP

12.14 NAME
12.15 STREET ADDRESS
12.16 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

13.5 TITLE ☐ Change ☒ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY - ST - ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY - ST - ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY - ST - ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY - ST - ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information requested 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 by a duly sworn officer or by the officer or the receiver or trustee empowered to execute this report as required by Chapter 207, Florida Statutes, and that my name appears on block 12, block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR

DATE

Signature Printed Name