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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUM 1. Corporation N AERO		` '			
Principal Place o	of Business	Mailing Address) Mill Miðil Billi Milli Milli Milli Billi Milli 1886;
13061 N.W. 43RD AVE. OPA LOCKA FL 33054		13061 N.W. 43RD AV OPA LOCKA FL 330			
				3, Date incorporated or Qualified 05/18/1977	3a. Date of Last Report 03/06/1995
2. Principal Plac	ce of Business	2a. Mailing Address 26		4. FEI Number 59-1744658	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Cily & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28	Country	This corporation has liability for interest Florida Statutes	tangible tax under s 199.032,
4	25 Name and Address of Currer	29	30	10. Name and Address of New Re	
	A' Manie and works of Couler	in neglatored Agent	81 Name	16' remine and highway at 15th the	<u> </u>
HERRING, JOHN W			82 Street Addr	ress (P.O. Box Number is Not Acceptable	1
1011 NW 96 TERR			52 Street Addr	BSS (F.O. EXON HAMELET TO THE COMPANY	,
PEMBR	OKE PINES FL 33024		83		
			84 City		FL 85 Zip Code
or registere famil ar with	ad agent, or both, in the State of Flor n, and accept the obligations of, Sec Signar to the formated name of registers agent	ida Such change was authorition 607.0505, Florida Statute	DE Registered Agod signature recurse		DATE
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
TITLE	HERRING, JOHN W.		1.2 NAME		G • •
NAME STREET ADDRESS	1011 NW 96 TERR		1.3 STREET ADDRESS		
City -St - ZIP	PEMBROKE PINES FL		1.4 CITY - ST - ZIP		
TITLE	VP	DELÉ I E	2 1 TITLE		Change Addition
NAME	TUCKER, JR. J		2 2 NAME		
STHEET ADDRESS	218 SW 24TH RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	DELETE	2.4 C(TY - ST - Z(F)		Change Addition
TITLE NAME		C) pricie	3 2 NAME		
STREET ADDRESS			3.3 STREET AUDRESS		
CITY-ST-ZiP			3 4 CHY-ST-ZIP		
1ITLE		☐ DELETE	4. 1 THILE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - S1 - Z P		DELETE	4.4.C:TY - ST - ZIP . 5.1.TI*LE		Change Addition
TITLE		L) Detect	5 2 NAME		
NAME STREET ADDRESS			5 3 STREET ACORESS		
CITY - ST - Z-P			5 4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 TILLE		Change Addition
NAME			€.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
C11Y - S1 - ZIP			6 4 CiTY - ST - 71P	for the exemption stated in Section 119.6	27/3/kl Florida Statutoe I further
certify that		nual report or supplemental an noration or the receiver or trust	inual report is true and accur sec empowered to execute th	ate and that my signature shall have the sale report as required by Chapter 607, Flo	

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4-5-96 305-65-3484