

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 19 1996 8:00 am
Secretary of State

DOCUMENT # F17151 (4)

1. Corporation Name
AERO VANS, INC.

Principal Place of Business

13690 S.W. 142ND AVE.
MIAMI FL 33186

Mailing Address

13690 S.W. 142ND AVE.
MIAMI FL 33186



3. Date Incorporated or Qualified
01/16/1981

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-2055147

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

9. Name and Address of Current Registered Agent

POTAMKIN, ALAN H
13690 S.W. 142ND AVE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

ANDRE, ROBERT K.

82 Street Address (P.O. Box Number is Not Acceptable)

13690 S.W. 142ND. AVE

83

84 City

MIAMI

FL

85 Zip Code

33186

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

Robert K. Andre

ROBERT K. ANDRE -PD

MARCH 15, 1996

(Signature typed or printed name of registered agent and state of residence)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME ANDRE, ROBERT K
STREET ADDRESS 13690 SW 142ND AVENUE
CITY- ST- ZIP MIAMI FL

TITLE VD ☐ DELETE
NAME FIORAVANTE, EUGENE
STREET ADDRESS 16600 NW 57TH AVENUE
CITY- ST- ZIP MIAMI FL

TITLE STD ☒ DELETE
NAME POTAMKIN, ROBERT
STREET ADDRESS 16600 NW 57TH AVENUE
CITY- ST- ZIP MIAMI FL

TITLE CD ☒ DELETE
NAME POTAMKIN, ALAN H
STREET ADDRESS 16600 NW 57TH AVENUE
CITY- ST- ZIP MIAMI FL

TITLE AS ☐ DELETE
NAME YUSKO, DAVID A
STREET ADDRESS 16600 NW 57TH AVE.
CITY- ST- ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ST ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT K. ANDRE

03-15-96

Date

(305) 253-3333

Daytime Phone #

CR2E034 (12/95)