

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94808** (5)

1. Corporation Name  
**AERO CONSULTING CORPORATION**



Principal Place of Business <b>800 BRICKELL AVE. SUITE 410 MIAMI FL 33131</b>	Mailing Address <b>800 BRICKELL AVE. SUITE 410 MIAMI FL 33131</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1401 BRICKELL AVENUE</b> Suite, Apt. #, etc. <b>22 SUITE 320</b> City & State <b>23 MIAMI, FL 33131</b> Zip <b>24</b>		2a. Mailing Address <b>26 1401 BRICKELL AVENUE</b> Suite, Apt. #, etc. <b>27 SUITE 320</b> City & State <b>28 MIAMI, FL 33131</b> Zip <b>29</b>		3. Date Incorporated or Qualified <b>08/13/1982</b>	
		4. FEI Number <b>59-2245752</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**MORALES, ANNEIESE  
1925 BRICKELL AVE., APT. D1607  
MIAMI FL 33129**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>SECRETARY</b>
NAME	<b>MORALES, ANNEIESE</b>	1.2 NAME	<b>ENRIQUE ESGUERRA</b>
STREET ADDRESS	<b>1925 BRICKELL AVE., APT. D1607</b>	1.3 STREET ADDRESS	<b>5881 TOWN BAY DRIVE, 9-16</b>
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	1.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33486</b>
TITLE	<b>VD</b>	2.1 TITLE	
NAME	<b>MORALES, RICARDO</b>	2.2 NAME	
STREET ADDRESS	<b>1925 BRICKELL AVE., APT. D1607</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	3.1 TITLE	
NAME	<b>BAROUH, RAQUEL</b>	3.2 NAME	
STREET ADDRESS	<b>14201 SW 75 CT.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33158</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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 appointment with an address.

SIGNATURE:

*[Signature]*

03/17/98 (305) 577-4844

CR2E034 (10/97)