MAR. 24' 99(WED) 11:41 Page 1 of 2

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

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Secretary of State
04-25-1999 90006 032 ***300.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000005503

1. Corporation Name

AeroThrust Corporation

Principal Place of Business
5300 NW 36th Street
Miami, FL 33122

Mailing Address
Attn: Charles A. Morsbach, Esq.
P.O. Box 522236
Miami, FL 33152-2236

DO NOT WRITE IN THIS SPACE

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 30

3. Date Incorporated or Qualified
9/23/98

4. FEI Number
65-0848010
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 owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT Corporation Systems
1200 S. Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name: Charles A. Morsbach, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 5300 NW 36th Street
83
84 City: Miami FL 85 Zip Code: 33122

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: Charles A. Morsbach
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)
DATE: 3/24/99

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ DELETE	1.1 TITLE: D, C 1.2 NAME: Christer Persson 1.3 STREET ADDRESS: 1800 Diaganol Road, Suite 230 1.4 CITY-ST-ZIP: Alexandria, VA 22314 ☐ Change ☐ Addition
☐ DELETE	2.1 TITLE: D, P 2.2 NAME: James E. McMillen 2.3 STREET ADDRESS: 5300 NW 36th Street 2.4 CITY-ST-ZIP: Miami, FL 33122 ☐ Change ☐ Addition
☐ DELETE	3.1 TITLE: D 3.2 NAME: Dr. Leon Ring 3.3 STREET ADDRESS: E. Fillmore Ave. 3.4 CITY-ST-ZIP: St. Paul, MN 55107 ☐ Change ☐ Addition
☐ DELETE	4.1 TITLE: VP 4.2 NAME: Anthony E. Coulson 4.3 STREET ADDRESS: 5300 NW 36th Street 4.4 CITY-ST-ZIP: Miami, FL 33122 ☐ Change ☐ Addition
☐ DELETE	5.1 TITLE: VP 5.2 NAME: A. Hazen Burnet 5.3 STREET ADDRESS: 2875 NW 82 Avenue 5.4 CITY-ST-ZIP: Miami, FL 33122 ☐ Change ☐ Addition
☐ DELETE	6.1 TITLE: VP, T 6.2 NAME: Marlene E. Hernandez 6.3 STREET ADDRESS: 5300 NW 36th Street 6.4 CITY-ST-ZIP: Miami, FL 33122 ☐ Change ☐ Addition

I 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 attachment with an address, with all other like empowered.

SIGNATURE: Charles A. Morsbach Charles A. Morsbach 3/24/99 (305) 871-1790 X 302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

408421-90006-63
F98000005503

DOCUMENT #

1. Corporation Name

AeroThrust Corporation

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition VP David R. Hodgson 5300 NW 36th Street Miami, FL 33122
ADDRESS / ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition VP John W. Lowe, Jr. 5300 NW 36th Street Miami, FL 33122
ADDRESS / ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition VP Faryt Kalhil 5300 NW 36th Street Miami, FL 33122
ADDRESS / ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition VP, S Charles A. Morsbach 5300 NW 36th Street Miami, FL 33122
ADDRESS / ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition VP Samuel D. Sax 5300 NW 36th Street Miami, FL 33122
ADDRESS / ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition VP Michael Shir 5300 NW 36th Street Miami, FL 33122

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 attachment with an address, with all other like empowered.

SIGNATURE: Charles A. Morsbach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles A. Morsbach 3/24/99 (305)871-1790 X 302

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