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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name G04089

Country

9. Name and Address of Current Registered Agent

25

CAPAS, JEFFREY G. 512 FRONT ST.

KEY WEST FL 33040

AEROCAPAS, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Principal Place of Business Mailing Address

512 FRONT ST KEY WEST FL 33040

21

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23

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NAME

STREET ADDRESS

appears in Block 12

CITY-ST-ZIP

Zip

512 FRONT ST

KEY WEST FL 33040-6819

Suite, Apt #, etc

2a. Mailing Address

City & State

26

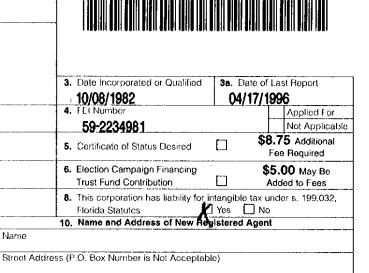
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Zip

## **FILED** May 02 1997 8:00am Secretary of State



85

Zip Code

**SIGNATURE** (NOTE: Rug stirred Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 18. DELETE TITLE 1.1 TOLE Change Addition NAME CAPAS, DANTE 1.2 NAME **512 FRONT STREET** STREET ADDRESS 1.8 STREET ADDRESS KEY WEST FL CITY-ST-ZIP 1.4 CITY-ST-ZIE DELETE TITLE 2.1 TOLE Change ■ Addition 2.P NAME STREET ADDRESS 2.8 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELFTE Change 3.1 1018 ☐ Addition NAME 3 P NAME STREET ADDRESS 3.8 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELLTE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.8 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE TITLE Addition 5 ETOLE Change. NAME 5.2 NAME STREET ADDRESS 5.8 STREET ADDRESS CITY-ST-ZIP 5.4 CDY - \$1 - ZE DELETE TITLE G. FITLE Addition

6.2 NAME

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

nck 13 if changed, or on an attachment with an address.

G.8 STREET ADDRESS

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 eath; 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 Statules; and that my name

Country

81 Name

82

83 84 City

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.

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