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

SCHANO, EDWARD S.

9500 W. BAY HARBOR DR., PH-7F

BAY HARBOR ISLAND FL 33154

DOCUMENT #

(1)

UNITED AVIATION AEROSPACE, INC.

UNITED AVIATION AEROS				
Principal Place of Business				
3035 N.W. 40TH STREET MIAMI FL 33142	3035 N.W. 40TH STREET MIAMP PL 33142			
	·	3. Date Incorporated or Qualified 02/09/1983	1	te of Last Report 05/01/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number		Applied For
21	26 2000 N.E. 122 PD.	59-227 1988		Not Applicable
Suite Apt. #, etc	S. iite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing		\$5.00 May Be

23 Ζιρ 24 25 9. Name and Address of Current Registered Agent

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 83

Trust Fund Contribution

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obtinations of Section 607.0505. Florida Statutes.

R4 City

12.	OFFICERS AND DIRECTO	ORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	DELFTE	1 1 falle	☐ Change	Add tion	
AME	SCHANO, MARION E.		1.2 NAME			
TREET ADDRESS	9500 W. BAY HARBOR DR., PH-7F		13 STREET ADDRESS			
DIY-SI-ZW	BAY HARBOR ISLAND FL		14 CHY - \$1 - ZIF			
TITLE	PO	[] DELETE	2 1 THILE	Change	Addition [
NAME	SCHANO, EDWARD 5.		2.2 NAME			
STREET ADDRESS	9500 W. BAY HARBOR DR., PH-7F		23 STREET ADDRESS			
CITY-ST-ZIP	BAY HARBOR ISLAND FL		2.4.CiTY - \$! - ZiP			
TITLE	VO	☐ DELETE	3 1 TITLE	Change	Addition	
IAME	Lemanski, Joseph		3.2 NAME			
STREET ADDRESS	3035 N.W. 40TH ST		3.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL		3.4 City St. ZiP			
lijrę		☐ DELE1E	4 1 TifeE	☐ Change	Add tion	
IAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CHY-ST ZIF			
TITLE		[ii] DELETE	5 1 THEF	Change	☐ Addition	
NAME			S.2.NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
DITY - ST - ZIP			5.4 C(1Y - S1 - Z(P			
TITLE		☐ DELETE	6 1 TITLE	☐ Charige	Addit on	
NAME			6.2 NAME			
STREET ADDRESS			63 STREFT ADDRESS			
CITY CT. 710			6.4 CITY ST . 719			

14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. Ffurther 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 cath; that I am an officer or director of the corporation of 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 134 (supplemental annual report is true and accurate and that my signature 607, Florida Statutes; and that my name appears in Block 12 or Blo

SIGNATURE:

and DWARD S. Schano, Pres.

(325)6330319

Added to Fees

Zip Code

85