

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K36967** (3)

1. Corporation Name
DOLPHIN AEROSPACE INTERNATIONAL, INC.



Principal Place of Business
**P.O. BOX 558601
MIAMI FL 33255
US**

Mailing Address
**P.O. BOX 558601
MIAMI FL 33255
US**

3. Date Incorporated or Qualified **10/06/1988** 3a. Date of Last Report **03/08/1995**

4. FEI Number **65-0083970** 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

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

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

9. Name and Address of Current Registered Agent

**SOTO, ALFREDO C
8540 S.W. 32ND TERRACE
MIAMI FL 33155**

10. Name and Address of New Registered Agent

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 of Registered Agent or Change of Registered Agent

Signature of Registered Agent or Change of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE **PTD** ☐ DELETE
2. NAME **SOTO, ALFREDO C**
3. STREET ADDRESS **8540 S.W. 32ND TERR**
4. CITY-STATE-ZIP **MIAMI FL**
5. TITLE **VSD** ☐ DELETE
6. NAME **SOTO, CARMEN R**
7. STREET ADDRESS **8540 S.W. 32ND TERR**
8. CITY-STATE-ZIP **MIAMI FL**
9. TITLE ☐ DELETE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE ☐ DELETE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE ☐ DELETE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-STATE-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

2-7-96

CR2E034 (12/95)