

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M23271** (3)

1. Corporation Name

AIRCRAFT PRODUCTS SUPPLIERS, INC.



Principal Place of Business

**7301 NW 32ND AVE.
MIAMI FL 33147
US**

Mailing Address

**7301 NW 32ND AVE.
MIAMI FL 33166
US**

2. Principal Place of Business

2a. Mailing Address

7301 NW 32 AVE

State Apt. #, etc.

City & State

MIAMI FL

Zip

33147

Country

USA

3. Date Incorporated or Qualified

11/13/1985

3a. Date of Last Report

03/03/1995

4. FEI Number

59-2607367

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**ESTAPE, CARLOS R.
1780 SW 139 PLACE
MIAMI FL 33175**

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 607.0500 and 607.1500, 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 person who is authorized to sign this report)

(Signature of person who is authorized to sign this report)

(Date)

12. OFFICERS AND DIRECTORS

1. NAME	SD	☐ DELETE
2. STREET ADDRESS	ESTAPE, GLADYS D.	
3. CITY, ST, ZIP	1780 SW 139 PLACE	
4. CITY, ST, ZIP	MIAMI FL	
5. NAME	PD	☐ DELETE
6. STREET ADDRESS	ESTAPE, CARLOS R.	
7. CITY, ST, ZIP	1780 SW 139 PLACE	
8. CITY, ST, ZIP	MIAMI FL	
9. NAME		☐ DELETE
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97. NAME		
98. STREET ADDRESS		
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100. CITY, ST, ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	
3. CITY, ST, ZIP	
4. CITY, ST, ZIP	☐ Change ☐ Addition
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6. STREET ADDRESS	
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98. STREET ADDRESS	
99. CITY, ST, ZIP	
100. CITY, ST, ZIP	☐ Change ☐ Addition

14. I 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 attached block, if an address.

SIGNATURE:

Carlos Estape **CARLOS ESTAPE** 2/12/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

805-693-2400

Page 1 of 1

CR2E034 (12/95)