

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M40403** (1)
1. Corporation Name
MIAMI AEROSPACE HARDWARE & SUPPLY CO, INC.

Principal Place of Business 611 SW 104TH AVE MIAMI FL 33174-1739	Mailing Address 611 SW 104TH AVE MIAMI FL 33174-1739
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7234 N.W. 56 ST. Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL. 33166 Zip Country 24 33166 25 MIAMI-DADE		2a. Mailing Address 26 7234 N.W. 56 St. Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL 33166 Zip Country 29 33166 30 MIAMI-DADE		3. Date Incorporated or Qualified 10/22/1986	
		4. FEI Number 59-2728577		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CASTRO, LUCY 611 SW 104 AVE. MIAMI FL 33174				10. Name and Address of New Registered Agent			
				81 Name CASTRO-VILLAFRANCA, LUCY			
				82 Street Address (P.O. Box Number is Not Acceptable) 7234 N.W. 56 St.			
				83			
				84 City MIAMI			
				85 Zip Code FL 33166			

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 *Jose A. Villafranca* DATE **3/17/98**
Signature, typed or printed name of registered agent and date of application (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VILLAFRANCA, JOSE A.			1.2 NAME	VILLAFRANCA, JOSE A.		
STREET ADDRESS	611 SW 104TH AVE			1.3 STREET ADDRESS	7234 NW 56th ST.		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI FL 33166		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTRO, LUCY			2.2 NAME	CASTRO-VILLAFRANCA, LUCY		
STREET ADDRESS	611 SW 104 AVE.			2.3 STREET ADDRESS	7234 NW 56th St.		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	MIAMI FL 33166		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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.

SIGNATURE: *Jose A. Villafranca* DATE: **3/17/98** (305) 882-0802

CR2E034 (10/97)