04-22-1999 90179 043 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # MANANA

1. Corporation	EROSPACE HARDWARE &									
Principal Place of Business Mailing Address								H 0(01) 01511 1001		
7234 NW 56 ST 7234 NW 56 ST										
MIAMI FL 33166 MIAMI FL 33166							DO NOT WRITE IN THIS SPACE			
U\$ U\$							3. Date Incorporated or Qualifed			
							10/22/1986			
2. Principal Pl	ace of Business	2a. Mailing Address		-			4. FEI Number	A	Applied For	
21		26					<u>59-2728577</u>		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired		Additional	
22		27							Required	
City & State	en amountaine in the interest of the second	City & State	-				6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees	
Zip	Country	Zip	Cou	ntry			8. This corporation owes the current year	Intangible		
24	25	29	30				Personal Property Tax.			
	9. Name and Address of Curren	t Registered Agent					10. Name and Address of New Register	ed Agent		
				81 Name						
CASTRO-VILLAFRANCA , LUCY 7234 NW 56 STREET				82 Street Add		dres	ss (P.O. Box Number is Not Acceptable)			
	MI FL 33166			83						
				84	City			85 Zip	Code	
					L			of abanaina i	to registered	
	m familiar with, and accept the obligat	_					ration submits this statement for the purpose is board of directors. I hereby accept the ap			
12.		D DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS			
TITLE	PD WWW.	_ DELETE	1.1 TD	TLE .				Change	e 🗌 Addition	
NAME	VILLAFRANCA, JOSE A.		1.2 NA	ME						
STREET ADDRESS	7234 NW 56TH ST		1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY-S		T-ZIP			T-10 At		
TITLE	-			2.1 TITLE				Change	e 🗌 Addition	
NAME	CASTRO-VILLAFRANCA, LUCY			2.2 NAME					1	
STREET ADDRESS 7234 NW 56TH ST			2.3 \$1	REET	TADDRESS				ļ	
CITY-ST-ZIP	MIAMI FL 33166			2. 4 CITY-ST-ZIP				☐ Change	Addition	
TITLE			3.1 TI			<u>. </u>	للمستقرر يبعل المتالي المتثلث المتثلث		, Dygginori	
NAME			- E	3.2 NAME					ļ	
STREET ADDRESS				3.3 STREET ADDRESS						
CITY-ST-ZIP	☐ DELETE			3.4. CITY-ST-ZIP			VL 400 - 00 - 00 - 00 - 00 - 00 - 00 - 00	☐ Change	e Addition	
TITLE	Detere			4.1 TITLE 4. 2 NAME						
NAME					T 40000E00					
STREET ADDRESS					TADORESS					
CITY-ST-ZIP TITLE				4.4 CITY-ST-ZIP 5.1 TITLE				Chang	e Addition	
			5.2 N/						ļ	
NAME STREET ADDRESS					TADDRESS				Ì	
CITY-ST-ZIP					T-ZIP		_		1	
TITLE		☐ DELETE	6.1 TI					Chang	e Addition	
NAME			6.2 N/	AME						
STREET ARODESS	1		6.3 \$1	TREET	T ADDRESS					

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 supplied that 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 or an arachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP