

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

FILED

**Mar 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLOUIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M88856** (3)

1. Corporation Name
ERIKS AEROSPACE, INC.



Principal Place of Business Mailing Address

**3845 NW 25TH STREET (MIAMI, FL 33142)
P.O. BOX 59-3087
MIAMI FL 33159**

**3845 NW 25TH STREET (MIAMI, FL 33142)
P.O. BOX 59-3087
MIAMI FL 33159-3087**

3. Date incorporated or Qualified **07/08/1988** 3a. Date of Last Report **02/27/1996**

4. FEI Number **65-0082716** 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DUSSELDORP, ADRIAN	1.2 NAME	
STREET ADDRESS	443 N. MAIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	GRAFTON OH	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORM, NICO	2.2 NAME	
STREET ADDRESS	443 N. MAIN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	GRAFTON OH	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEOD, ROBERT	3.2 NAME	
STREET ADDRESS	1109 BERKSHIRE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	TROPHY CLUB TX 76262	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUENGE, ALAN	4.2 NAME	
STREET ADDRESS	3845 N.W. 25TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMCOWICH, MICHAEL	5.2 NAME	
STREET ADDRESS	3251 PONCE DE LEON BLVD., #220	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	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 do 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:  **ALAN TUENGE** 2-24-97 305-871-4056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)