

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

**FILED**

**Apr 01 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M88856 (3)**

1. Corporation Name  
**ERIKS AEROSPACE, INC.**



Principal Place of Business <b>3845 NW 25TH STREET (MIAMI, FL 33142) P.O. BOX 59-3087 MIAMI FL 33159</b>	Mailing Address <b>3845 NW 25TH STREET (MIAMI, FL 33142) P.O. BOX 59-3087 MIAMI FL 33159</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified <b>07/08/1988</b>	
4. FEI Number <b>65-0082716</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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

**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	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

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	VAN DUSSELDORP, ADRIAN	
STREET ADDRESS	443 N. MAIN STREET	
CITY-ST-ZIP	GRAFTON OH	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	STORM, NICO	
STREET ADDRESS	443 N. MAIN STREET	
CITY-ST-ZIP	GRAFTON OH	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCLEOD, ROBERT	
STREET ADDRESS	1109 BERKSHIRE COURT	
CITY-ST-ZIP	TROPHY CLUB TX 78262	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TUENGE, ALAN	
STREET ADDRESS	3845 N.W. 25TH ST.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COMCOWICH, MICHAEL	
STREET ADDRESS	3251 PONCE DE LEON BLVD., #220	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CHAIRMAN / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TON WILLEMSEN	
1.3 STREET ADDRESS	443 N. MAIN STREET	
1.4 CITY-ST-ZIP	GRAFTON, OH 44044	
2.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JAY TREES	
2.3 STREET ADDRESS	3845 NW 25TH ST.	
2.4 CITY-ST-ZIP	MIAMI, FL 33142	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Alan Tuenge* **ALAN TUENGE 2-19-98 305-871-4085**

CR2E034 (10/97)